2		1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7 1 6 5
nay be page 3) DEC (TYPE	CEASED NAME FRST	Belle	Ad Kins Ts. Date of Birth	June 8	DAY YEAR 76. HOUR 1983 1945M
Page 4 m	93 0	F	emale	white	MONTH 4 1894	88 YRS	MONTHS DAYS HOURS MIN
death. P	25	CC	MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN WICOMICO	TY OF DEATH MD.
201 ours after	80	S	alisbury	Peninsula Ge	neral Hospital	TOUSE WIFE	LIFE) IZE KIND OF BUSINESS OR INDUSTRY WN HOME
ithin 24 ho	35	130, S	A CALAND WAS THE THE THE OF TH	HER INSTITUTION, GIVE RESIDENCE BEFOR	M J 136 INSIDE CITY LIMITS?	134 STREET ADDRESS	WIAN Dr 21842
cuted w	30		Joseph MDI	Hollow	AY SATAh	WIDDLE	HANGOCK
e be e Pages	the m	16a W	AS DECEASED EVER IN U.S. ARME ES, NO OR BINKNOWN) (IF YES, GIVE W)	D FORCES? AR OR DATES) 214-52-	025 MARY TAY	Lor Ocean Ci	ty, MO 21841
W. PRESTON ST., that the death certified by the attending phe remove carbon part, cremation, or rem.	ny injury, or other traumatic ever	NO	PART 2 OTHER SIGNIFICANT COM	DUE TO, OR AS A CONSEQUE	inceplation Author	TALO SCLETUS	
AL RECORD V: The law in the has been permit. The liene prior	Swood	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES NO
SICIAL Sysician ysician ertifica transit	or Item		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 1	
VISION C	marked	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTEN ital or a cCTOR or use a	21 is		22a.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (ye) (did) (did not) v	6-8 198	ond that in (my) (per) opinion in	to	19 , that (1) (we last our and from the causes stated
ITAL OR yethe host	MPORTANT: If Item		226. SIGNATURE Jay	Rewes 17	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	222. DATE DIGNED 8 Jane 1980
TO HOSPITAL OR retained by the hosp TO FUNERAL DIRE should be detached it with the State Dept.	MPORT		22d PHYSICIAN'S NAME (TYPE OR PR H. Bray	Reeves	Provide Provided	entin; Sabid	M 7184
BP		(5	BURIAL	23h. DATE //1983 F	name of cemetery or crematory onest Apove Cen	1 PAPSON DUNG	county is Mid.
DHMH-16 2 (VRA 15, 4)	5M	B	AKEN-BOUNDS	SALISBUNG	md 2180/ 130h	REC'D. BY REGISTRAN VI. REGISTRAN	STRANS SUNATURE

THE CHARLES OF THE CHARLES OF THE PARTY. THE RESERVE AND A STATE OF THE PARTY OF THE the state of the second M. Burgaria Carlo and Araban and THE PROPERTY OF STREET Later Car a land waste is in the state of Remark Committee of the state o

	10 - 1				STATE OF MARYLAND	24 °7 E	9 1 6 6
6	25		FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE & O	/ 100
X.		1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	BEC NO	
-	6 151	LDEC	EASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	1724123		OR PRINT)	1	1 1	THE OF BEATH	170
	57	H.	FLWOO	4	ARDIS	June 14	1983 4 AM
	4	3. SE>		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	美观想】		MAIE	11:11:4-	6-16-1913	19	MONTHS DAYS HOURS MIN
	MAKE!	70 BI	RTHPLACE (STATE OF FOREIGN	71. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY	OFDEATH
	F 85 944		SUBITRY)	11/11	MARRIED NEVERMARRIED	The same of the sa	
	\$5 ET.	_4	MARVIARIA	UISH	WIDOWED DNORCED	Wicomico	→ MD.
-		10, ⊂1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION ITYPE OF WORK FOR WOST OF WORKING	LYN. KIND OF BUSINESS OR
	180	S	alisbury	Peninsula Ge		1054AL C	RUICE SET
	E 2 E	USU	L RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	La averez connece	21801
C	20 275	13a S	TATO IS EQUI	NIY IBJETT OPTOV	NO PES NO DE	13A STREET ADDRESS	105430 10
3	2 9 €	IA FA	THER'S NAME	W/11/0 VH [[3]	15. MOTHER'S MAIDEN NA	AME	AFIED DI
1	2 silete	, , ,	FIRST	MDDD	(1961	WIDDEE,	LASI
	200 200 200 200 200 200 200 200 200 200		WALIER	U. MRa	13 VIR9	15 6	0124
	d co	16a W	AS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECTION OF THE PROPERTY OF THE PROPERT	URITY NO. 17 INFORMANT	ADDRESS	
	Pages Pages		123 WW	VII 220-01-	7353 MAREL V	B. HRS 15 SI	Ame 15/38.
	icial irs. f al.	7	IL CALISE OF DEATH (Enter of	nly one cause per lime for (a), (b), or	odici b		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	mov mov		PART I. DEATH WAS CAUSE	DBY	cotory Faile	1100	48 Pins
	nati		IMMEDIA	TE CAUSE (a)	o total tall	100	10 2025
	andi arbi n, o raur		4760	DUE TO, OR ASIA CONSEQU		ie Luna Disea	22
	atte we d atio		Conditions, if ony, which	(b) Chron	15 ODSIVACTI	ve Lung Viseo	se 20 years
	the at emove remat other		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEOU	ENCE OF		
1	by se r		underlying cause lost	(4)			
	igned by pleas		PART 2 OTHER SIGNIEJCANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
	y in Y	Z	COR Pu				
į	s an	ATK	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
i	shows	CERTIFICATION	178 DATE OF OFERALIOIS	138 CONDITION FOR WINCH	TOTERATION WAS FERT ORMED	IN CERTIF	YING CAUSES OF DEATH?
-		ET					s
0	TOT C	8	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P		RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2)
3		¥	OR CONTRIBUTING CAUSE OF DE	AIR	19		
	this chiral	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION STREET		
4	After the burner of the and Marked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
0	S 60 5. 60 60 8		AI WORK — AI WORK	Selven and the decree of the selection o	Sept 10 61	in June 14	19 8 3 , that (I) (me) last
-	TOF Use Use He		sow the deceased alive or	ital attended the deceased from.	. 17	death occurred on the date and hou	Transfer (i) (and in the state of the state
	ECTO for use for use t. of He		obove, (I) (wa) (did) (dida	wey the body ofter death.	. ago met m (m) i (e	T Ged in Scott a on the dore one not	
	AL OR AL OR AL DIRECTOR TO THE HOSPITAL DIRECTOR TO THE DEPT. OF THE		228. SIGNATURE	0	DEGREE		221. DATE SIGNED
	RAL detac detac tate [d'Ausa	C. Hill	M. D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6 114 183
	ERAL ERAL State		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	220-AQDRESS	0010	A:
	retained by the TO FUNERAL should be detacted with the State IMPORTANT:		THOMAS	C. HILL &	JR Pine B	luff Road, Si	alishury Md
	at on the second	-					
	0		WHILE COCKETTIONS DESIGNATION	73h_BATE / 73c	DIEME FIE CELLETERY OR CREAT ATORY	13d LOCATION	
	- 5 F48 Z	200	AL, CREMATION, REMOVAL	16/10/10	NAME OF CEMETERY OR CREMATORY	CITO TOWN	COUNTY DAY STATE
	BP	1	URINZ	6/18/1983	PARSONS EM	SALISBURY	COUMTY AND STATE
		6	LERAL DIRECTOR	6/18/1983	PASENS EM	SA115BURY	TRAN'S SIGNATURE

STATE SERVICE STATE OF THE SERVICE STATE STATES AND THE RESERVE OF THE PARTY OF a graph of the first of the state of the sta the man a superior of the second of the last The period of the state of the said among the 2017 1 MIN 1 7 193 Jacob Caral

Commence China to the same STATE OF THE STATE THE MAN C HALLE OF THE PLANT PARTY OF THE PA 11:12 2 12 20 A 11:10 A

20M 4/B2

ES-TI-S IS TOUGE: UN STEEL SALL STEELS o dand branch fowners, Ma.

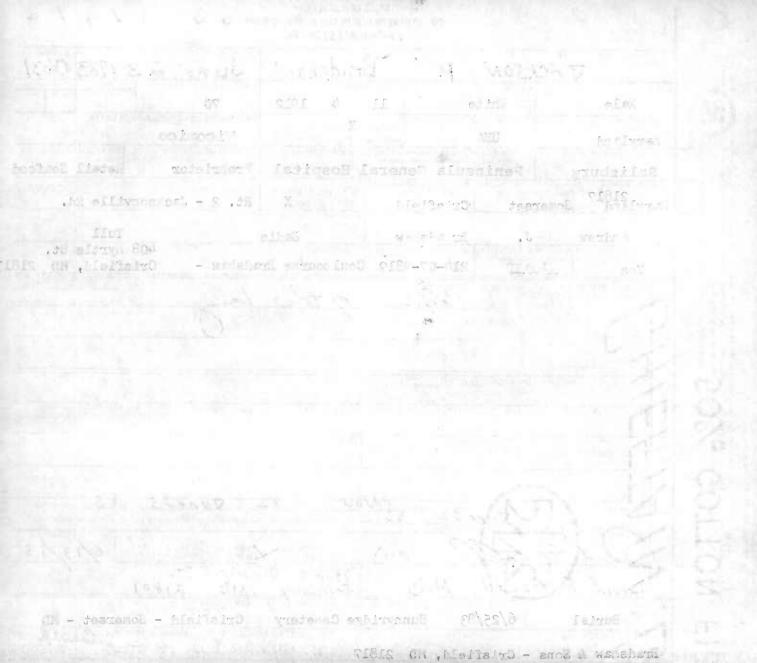
1							FMARYLAND		to to		·~>	1 1	8%
	1 - 5	OR TATE REGISTRAR					LTH AND MEN S CERTIFICA		9	REG. NO	1	1 0	A
	1 DEC	EASED NAME	FIRST		MIDDLE		LAST		2a DATE K	NOWN T	MONTH		
			PATR		SCOI		OHLER		OF DEATH /	MATED		-8-8,3	1407
	Ma		hite	5. DATE OF BIRTH	YEAR 77			UNDER 24 H		ED (монтн 6-8-	-83 10	2d HOUR
	7a. BIF	THPLACE (STAT		76. CITIZEN OF WH	IAT COUN	TDV2	ARRIED NEVER	R MARRIED	A.		_	ITY OF DEATH	
1	ID C17	Y OR TOWN OF	Md.	U.S.A.	DITAL MILI			011.011.010	USUAL OCCUPA	omico		TIZE KIND OF	MD.
	S	alisbu	ry	Peninsu	la G	eneral	Hospita	1	FOR MOST OF WORK		OF WORK	OR INDUS	STRY
	USUA 13a ST		13b COUN Wic	DROTHER INSTITUTION, GIV ONICO	13c. CITY	DEFORE ADMISSION) OR TOWN Imar		LIMITS? 13e	STREET ADDRES	s rth I	2/ Hamr	oton Co	ourt
	14. FA	THER'S NAME		WIDDIE		AST	15 MOTHER'S	S MAIDEN N				TAST	
	1	Davi		Joseph	Ro	ux	L	ynn				hler	HAV.
	16a W (YE	AS DECEASED E S, NO, OR UNKNOWN NO	VER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY NO	Barbar	grand a Bob	dmother hler	ADDRESS	c =	75 #	13
		18 CAUSE OF E	DEATH (Enter on	ly one couse per line								APPROXIMA	ATE INTERVAL
		9100		TE CAUSE (o)	rown	SEQUENCE OF						minu	tes
١	>		if ony, which	1	AS A CON	SEQUENCE OF							
I		couse (o) st	to immediate oting the <u>under-</u>	DUE TO, OR	AS A CON	SEQUENCE OF							
l	4	lying couse	lost.	(c)								100	
	Z	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	ED TO THE TERMINAL D	SEASE OR CONDITION GI	IVEN IN PART 1 10	a1.				
	CERTIFICATION	19a DATE OF O	PERATION	196. CONDIT	ION FOR V	WHICH OPERATIO	N WAS PERFORME	D?	×==			20 AUTOPS	Y?
	TIFIC											YES 🗌	TON [
		210 EXTERNAL	_	21b. TIME OF HOUR A.M.		DAY YEAR	ell int	CCURRED (EI	NTER NATURE OF INJUI	EV IN ITEM 18 PA	nel nel	RT 2) Phhor	15
	MEDICAL	CONTRIBUTING	CAUSE OF	DEATH 1 P.M.		-0.2	propert		P-11			3	
l	ME	WHILE -	NOT WHILE	STREET, FACTO	ORY FARM FT	C.)			Road,	L/i oc	(0	YINUK	STATE
		AT WORK	AT WORK	yard	of	n. Uato					micc), DeTi	mar, M
				e of the remains desc				nspection			d in my op	pinion	
1		deoth resulted	from: Noor	rol causes .	Accident	X, Suicide			ndetermined mon	ner .	4		
I		ACTUAL SIGNATURE	lan	P L /			MD Den		MEDICAL EXAMI	NED	DATE	ED 6-9-	83
I					8			-10					
	_	EXAMINER'S NA		L. Roye					amden A	ve.,	Sal	isbur	y, Md.
	23a BU	ECIFY)	ON, REMOVAL 2				Y OR CREMATORY		LOCATION CITY OR TOWN		COU	NTY	STATE
1	24. FU	buri NERAL DIRECTO		6-10-83		ivalve	Cemeter		Bivalve D. By REGISTRAR	256 REGIS	COMI	LCO, M	d.
1		NAME		1 Home,	Bive	lve. Mo		JUN 1	3 1983	1		Carrie	4
Ŀ	- ^ \		- wardi a	2.01109	- V C	- V U g 1710		2014 1	U 13/05_	" A		mehrel	4

Will FE-D-O decided delegate ... Total Cindian and Cindian Control of the Control of 14menorg 58-8-6 - 1----X yerd of R. Celoumy, Malaya Road, Micasico, Mulmar, L Deputy 6-2-03 toriol 5-10-03 Bivelo correct classics & -01-0 assisk markit ome, skyrtye, No.

podemno živ Let 9 in 0 continued intigeof Lagerta Cuanting Car Piet. Delaware Supero police a fullyydlog cosever etaware SI -SE-4 15 Dariel J. Bohn Sr. . elkyille. SE corner is referred a series of the series of

	1-	FOR STATE		DEPARTM	MENT OF HE	ALTH AND A	MENTAL HYGI	ENE 8 S	1 /	1	/
	1. DE	OR BOOK (2)	RST	WIDDLE	LA			REG. N 20. DATE OF DEATH		Y YEAR	26 HOUR
y be		RO	bins	4-		OWEN		June 17,			10:10
de 4 mo	3. SE	MALE	4 RACE	CAUCASIAN	5. DATE OF	BIRTH DAY	1897	6 AGE IN YEARS LAST BIR	YRS.	UNDER LYEAR	IF UNDER 24
od h. Po	7a. BI	RTHPLACE STATE OR FOREK	GN 76 CITI	ZEN OF WHAT COUNTRY?	8. MARRIED	NEVER A	AARRIED	9. BALTIMORE CITY O	_	OF DEATH	
ofter de		TY OR TOWN OF DEATH		ME OF HOSPITAL, NURSING THE STREET SHEAD CEN	IG HOME OF	-	E. C.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	12b. KIND O INDUSTRY FARA	
24 hours	USU. 13a. S	AL RESIDENCE (IF NURSING H	HOMP OR OTHER IN COUNTY OR CES.	ISTITUTION, GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS	Rt. 1,	Box 39	7 A
within within d 2 sho	14. FA	THER'S NAME	WIDDLE	LAST	-(14	15 MOTHER'S	MAIDEN NAM	Ocean C			
or o	140 1	VAS DECEASED EVER IN U	T,	BOWE.	N I I I I I I I I I I I I I I I I I I I	E A	LA.	. ADDR		BISH	102
n and respectively.	100 V	SES NO OR UNKNOWN] (IF	U.S. ARMED FO	D. 1855				NUNUMBER	PA-JY	518 MM	21
ofe b pers. of.		18. CAUSE OF DEATH (E)	nter only one c	couse per line for (o), (b), one				(APPROXI	MATE INTERVA
physical phy	19	PART I. DEATH WAS C	CAUSEÓ BY: MEDIATE CAUS	A.	/1	Men	CILARI	MIA.			
rba rice	7	4850		0		oy	MANA C				
e death ce tattendin nave carb ation, or i		Candidana		JE TO, OR AS A CONSEQUE	ENCE OF						
e de mov instin		Conditions, if any, who		(b)						+	
by the		couse (a), stating to underlying couse la	the DU	JE TO, OR AS A CONSEQUE	ENCE OF						
ed by oleas				(c)							
urres igne en p i bur	z	PART 2. OTHER SIGNIFIC	ANT CONDIT	ONS CONTRIBUTING TO D	DEATH BUT I	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	IDITION GIVE	N IN PART 110	
red red s	Ē		ray		m				T		
low is been in the prior	CERTIFICATION	198. DATE OF OPERATION	196	CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDIN	OF DEATH
The is pe	I E							YES NO	YES		NO 🗆
SICIAN: The ng physicion certificate h riol-transit pental Hygier len 18 sho	Ü	210. ACCIDENT WAS UNDERLY		TIME OF INJURY	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T 1 OR PART 2)	
	M	OR CONTRIBUTING CAUSE	E OF DEATH	P.M.	19						
HYS oding buri	MEDICAL	21d. INJURY OCCURRED	21e	PLACE OF INJURY		211. LOCATIO	N	CITY OR TO	WN	COUNTY	STA
0 0 0 0	E	WHILE NOT WHILE	[AT	HOME STREET, FACTORY, OFFICE, F	ARM ETC)	PINEFI		CITY OR IC	,	00.411	JIA
ke a te ato			s hospital) atti	ended the deceased from_			. 19	to		9	that (I) (we
DING PHYSICLI or attending p After this certil se os the burial- icith and Mental marked or teet		To a section and follows		19		that in (my)		eath accurred on the d			, ,
rENDING I ital ar after OR: After or use as th f Health an 1 is marked		sow the deceased of	live on		,	,, ,					
TEN or us		obove, (I) (we) (did) ((did not) view t	the body ofter death.	~	CORE				22. 0 475	CICNED
OR ATTENIOR ATTENIOR CHECTOR: ched for us Dept. of Hem 21 is if them 21 is in the check them 21 is in the check them 21 is in the check		sow the deceosed of obove, (I) (we) (did) (22b. SIGNATURE	(did not) view t	the body ofter death.) A A	EGREE	TTENDING	MEDICAL STA	FF	22c DATE	SIGNED
OR ATTENIOR ATTENIOR PROPERTY OF CHECTOR: Check for us Dept. of Hem 21 is:		obove, (I) (we) (did) (27b. SIGNATURE	(did not) view t	the body ofter death.	M	D- 1		MEDICAL STA	FF CIAN 🔽	6/17	SIGNED
OR ATTENIOR ATTENIOR CHECTOR: ched for us Dept. of Hem 21 is if them 21 is in the check them 21 is in the check them 21 is in the check		obove, (1) (we) (did) (27b. SIGNATURE 22d. PHYSICIAN'S NAME	(did not) view t	itchings	, M°	P- A	PHYSICIAN [MEDICAL STA DIRECTOR PHYSIC	FF CIAN	6/17	SIGNED
OR ATTENIOR ATTENIOR CHECTOR: ched for us Dept. of Hem 21 is if them 21 is in the check them 21 is in the check them 21 is in the check		obove, (1) (we) (did) (27b. SIGNATURE 22d. PHYSICIAN'S NAME	(did not) view t	itchings	, M°	220. ADDRES	PHYSICIAN [DIRECTOR PHYSIC	CIAN	6/17	SIGNED 1/£3
At OR ATTENI y the hospital (At DIRECTOR: detached for us ore Dept. of He	230	obove, (I) (we) (did) (77b. SIGNATURE 22d. PHYSICIAN'S NAME	(did not) view to the control of the	things, M.D.	, M	22e. ADDRES Deer's	Head (Center, Sal	CIAN	6/17	2/£3 21.801
TO HOSPITAL OR ATTEN retained by the haspital TO FUNERAL DIRECTOR, should be detached for viv. with the State Dept. of He IMBORTANT, if Hem 21 is	23a. I	obove, (1) (we) (did) (27b. SIGNATURE 22d. PHYSICIAN'S NAME	(did not) view to the control of the	chings, M.D.	NAME OF CE	220. ADDRES Deer's	PHYSICIAN [s Head (CREMATORY	Center, Sal	CIAN	6/17	SIGNED 7/63 21/801
OR ATTENIOR ATTENIOR CHECTOR: ched for us Dept. of Hem 21 is if them 21 is in the check them 21 is in the check them 21 is in the check		obove, (I) (we) (did) (27b. SIGNATURE 22d. PHYSICIAN'S NAME E. • BURIAL, CREMATION, REM	(did not) view to the control of the	chings, M.D.	NAME OF CE	Paris Deer's METERY OR C	Head (Center, Sal 23d LOCATION NEWAR	isbury	6/17	21801 575.2

Labora IV. Land 1254 AD M. A. HEARTSCHAFT COURSE OF THE STATE OF THE PROPERTY PROPERTY OF THE STATE OF THE ST L. S. Mischer, L. M. C. Land Committee of the Committee o 120/12 BOWER CEMETERS VERHALLS INSCREDE NO Marian & water for the formation of the first of the firs



FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

COUNTY

83

D. COMICO

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAPURI

JUL

22c. DATE SIGNED

IF UNDER 24 HRS.

IF UNDER 1 YEAR

INDUSTRY

			brace	Yes	No. 1644
	Xe	25 28	t	Stork.	ž ni
oun ty,	animonia.			A. & Al	Elexala
		e duce ta	d Conter, de		incomic.
hard of want		×	and provide	New State of	or then yand
Bugger					tand A
M. JAR. MER	ne Number	w Zin	SEC 22 10 m		a/A
					Akeria se
		£a			
			2.5	5-432 5-24	
	X		ter me	1 11 16 1	7712115
lebury, in.	18 e J.	book a'to		. Idstin, H.D.	F Tomat

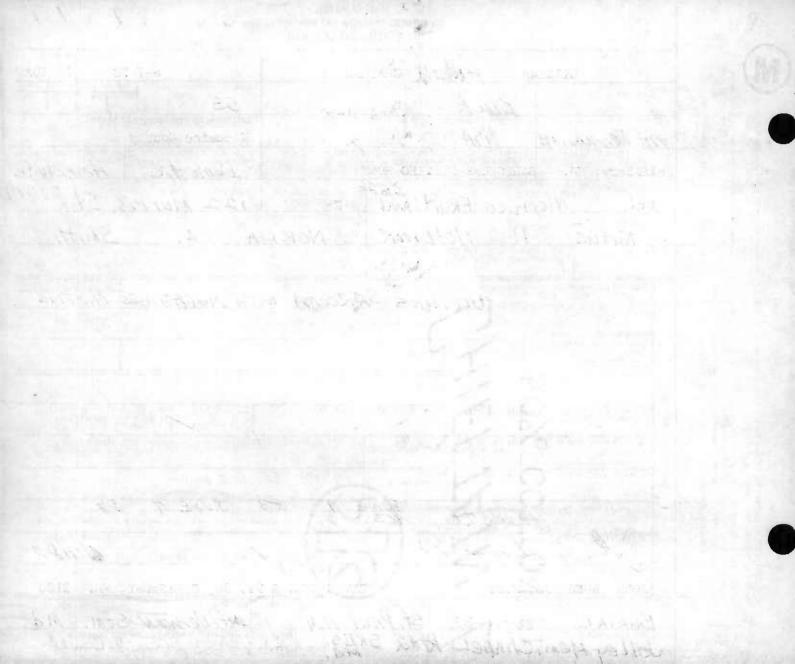
1:21	1801 (32 380)		osmija sika	J JEAN	
	11 11 11 22	19 1928	EQ. ST	169	all hips
	noikudia	;		J.U	Padytak
	THATELESS DATE	31	T 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	11:	Y.M. Edda
	TREME SOUNDS	1	Amazilie	of modific	17.71
rivo	SETH MODIE	ATILIT HARVE	ال ال	.3	ABME15
n (21 101	salis ury, aryl	Diane Tonoway	210-11-012		

		73876	19A1.
	17 1111 - 81	70 37 180	
		.A.E.''	MANITARIN
ae mha an	Retired on		
ng Hill Lane	x L Jurin	MOSELL POLHOLIN	DIALIYEE
Floring	rittel	edilling	Konsey
ront Street Lurel	James L. Bruchley 103	16-11-7557	cl.
20219	The state of the s		
	of a their selection		
	of a their selection	in the second	
	of a their selection	in the second	

(VRA 15, 4)

The most dependent synthesis of the Indian S. IL COMMER DES TROUBLE TO BEEN THE PROPERTY OF THE PROPERTY

B	1.	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYC TIFICATE OF DEATH	BIENE 8 3 1	7 1 7.7
(MA) me		CEASED NAME FIRST	MIDDLE	LAST	To be the control of	DAY YEAR 25. HOUR
	3. SE	Lillian		APMAN TE OF BIRTH	6-7-	-83 10:10AM
s offer	3. 30			ONTH DAY YEAR	53 YRS.	MONTHS DAYS HOURS MIN.
Page Shoulding	7a. B	RTHPLACE STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	4-21-30 RRIED □ NEVER MARRIED □	9. BALTIMORE CITY OR COUNTY	OF DEATH
uneral hin 72 hi	Y	nt. Vernon Ho	UDA WID	OWED DIVORCED	Wicomico County	MD.
to other dec	Sa	Lisbury, Md. SA	NAME OF HOSPITAL, NURSING HOS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS ALISBURY NURSING H	OME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	128. KIND OF BUSINESS OR INDUSTRY
AND 213		yd, Nicol	HER INSTITUTION, GIVE RESIDENCE BEFORE ADJUST 134, CITY OR FOWN AND THE CONTRACT OF THE CONTRA	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	is 5/ 2/21
completely lond 2 sh	L	THER'S NAME THE STATE OF THE ST	D HOTBrook	15. MOTHER'S MAIDEN NA	ME MIDOLE	Swith
ALTIMORE Te be executed on the cion and control on the control on the medical of the medical on		VAS DECEASED EVER IN U.S. ARMEI (ES, NO OR UNKNOWN) (IF YES, GIVE W.		O. 17 INFORMANT	ADDRESS	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSKCIAN: The law requires that the death certificate be executed within 24 haurs crathereding physicion. When this certificate has been signed by the attending physicion and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be file this and Mental Hygene prior to burial, cremation, or removal. orked at Hera, 18 shows any injury, or other troumatic event, the medical examiner must be no	No	Conditions, if any, which gave rise to immediate cause to, stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c) DUE TO, OR AS A CONSEQUENCE (c) PUE TO, OR AS A CONSEQUENCE (c) NOTITIONS CONTRIBUTING TO DEATH)F	NTH METASTAND	
ALRECON THE SON THE SO	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicia this certificote h be burial-transit i d Mental Hygie d or flein, 18 shb		2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	
DING PHYSS or attending or attending see as the burit oilth and Mee	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETG	211. LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDI aspital o eCTOR: A d far use t. of Heal m 21 is m		22e.I certify that (I) (this hospital) saw the deceased alive on pave, (I) (we) (did) (did not) vi	JUNE 7 & 19 198	3and that in (my) (aur) opinion DEGREE	death accurred on the date and hou	19 19 1, that (I) (we) lost and from the couses stated
ITAL O by the RAL D store De store De		22 Genel	hours se	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	6/7/83
TO HOSP retained 1 TO FUNE should be with the 3		JOHN BUCHNESS,	M.D.		RT. 50, SALISBURY	7. MD. 21801
of of sho	23a. I			F CEMETERY OR CREMATORY	23d. LOCATION	COUNTY
BP		BURIAL	6-11-83 St. F	AUI UM.	M+, VerNON	Som. Md.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	lottey Men. C	HAPEL AHAZ	SALIS, JUI	e rec'd. by registranta, registi N 1 5 1983	La Cohrefi



			STATE OF MARYLAND	2 0
1		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1/1/0
	100	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.
35 85 85 F.		CEASED NAME SALLS	MARIE CHATHAM 20 DATE KN OF E DEATH M	NOWN MANIH DAY YEAR 25 HOUR ESTI-
PLEASE UR FILES. THOURS STREET,	3. SEX	male white	ATE OF BIRTH ONTH DAY YEAR LAST BIRTHDAY! MONTHS DAYS HOURS MIN. PRONOUNCE DEAD	MONTH DAY YEAR 20 HOUR 6-16-83 10 0625
31070	7a. B	RTHPLACE (STATE OR 7b.	CITIZEN OF WHAT COUNTRY?	RE CITY OR COUNTY OF DEATH
1000000	1	REIGN COUNTRY)		eomico MD.
16	10. C		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPA	G LIFE) OR INDUSTRY
30 mg 00	III/STI	Salisbury P	eninsula General Hospital Home	MAKEN OWN HOME
IF AND 3 SHOULD IF RECORD	130 5		134 CITY OR TOWN 134 CITY OR TOWN 136 STREET ADDRESS WICO SALISOVY YES NO F130	Liberty St. 21801
ATH. S 1, 2 PM 3	IL F	THER'S NAME	CAMBLELL VIRGINIA ELIZ	abeth CLARK
TIMOR TER DE FORM ES 1 AN ON OR	16a. V	AS DECEASED EVER IN U.S. ARMED		ABRISZ, bergy St.
BALTIM JRS AFTER GIVE PA WITH FOR		NO -	119-16-3038 HNOY CAMPBELL	SA456UNY, NO 21801
ST., I		PART I DEATH WAS CAUSED BY:	e couse per line for (o), (b), ond (c).) Multiple Trauma	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATH Sudden
STON V 24 H V ITEM ALONG TI PER YGIEN	17	8147 IMMEDIATE CA	AUSE (o) TULLUTPLE IL AUSTA	Sudden
W. PREST WITHIN NCIL IN AINER A IRANSIT VIAL HY		Canditians, if any, which gave rise to immediate	(b)	
201 W. PRI UTED WITHI IN PENCIL EXAMINER ALL-TRANS ON, OR REA		couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
MECUTED AGE IN PROPERTY OF A LEXAN BURIAL AND MELAN ATION, O		rying coose last.	(c)	
# mesers	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d)	
L CRET	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
VITAL R SHOULD VORD "PP CHIEF I BE USED VI OF HE	I H			YES NO X
OF VI	CER	210. EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF INJURY HOUR AM. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY)	
NO SEPTION	N S	CONTRIBUTING CAUSE OF DEAT	HOSTEW 0-10-03 Legestrian struck p	
NA SEPTIMENTS	MED	21d. INJURY OCCURRED WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY
PAGE 277X		AT WORK AT WORK		54, Delmar, Wic.Md.
# 25 EM 3 /	1	22a I certify that I taak charge of	the remains described above, held an Autopsy , Inspection . Inquiry	, ond in my apinian
AMIN STEELS STEELS STEELS	1	deoth resulted from	Accident X . Suicide . Homicide . Undetermined mann	er,
E CERTY DUID B DUID B H, WITH MARY		ACTUAL SIGNATURE	TITLE (SPECIFY) M.D. Deputy MEDICAL EXAMIN	DATE SIGNED 6-17-83
NERA NERA DEAT	1	/	Y	3101420
TO MEDICAL EXECUTE THE PAGE 4 SHO AFTER DEATH BALTMORE		EXAMINER'S NAME Earl L	. Royer, M.D. ADDRESS 409 Camden Av	ve., Salisbury, Md.
DXADAA _	23a.B	URIAL, CREMATION, REMOVAL 235 D	ATE 234 DAME OF CEMETERY OR CREMATORY 234 LOCATION CITY PROWN	COUNTY STATE
BP	24 5	SUCIAL 16/	19/1983 Perry HAWKIN Cheem Prince	ESSANNE SOM MO
DHMH - 17 (VR A15 ME (5))		NAME	Salisbury, Md. 250 Date REC'D. By REGISTRAR JUN 2 3 1983	John I Could
(AK WID WE (3))	1	and r-Dounds, a	odinio odi y y iiw e	

Ster Endra Caller Marie agent Elyan Village est collection and Ava J average V Party Continued a Control Control Last year Last Continued Control medical withhele Saleborn . Als Liberty St. May Some a Campbell Vinginia Elizateth Clause No - 13-50-58 Private Cample LL South States and States allile odus vd slousts apir sur 4: 31-1-0 2120 X I highway of the distance of the So. in the X SU-17-0 PER SUPPLIES TO THE SU . No Camedon Ave., Salinguly, The Burnal Weeken From Hawking Com Promession Same Same

120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY House wife 13e. STREET ADDRESS RT 1 Box 119 A 2/23 MIDDLE LAST Denard L. ADDRESS Mae Matthews R 2 Box 190 B Seaford . Dela. APPROXIMATE INTERVAL HRREST Munute STROKE) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 23d. LOCATION CITY OF TOWN COUNTY Md Burial June 30,1983 Cokesbury Cemetery Cokes bury 24 SUMERAL DIRECTOR Tilton: Delaware 19968

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2b HOUR

HOURS

IF UNDER 24 HRS

IF UNDER I YEAR

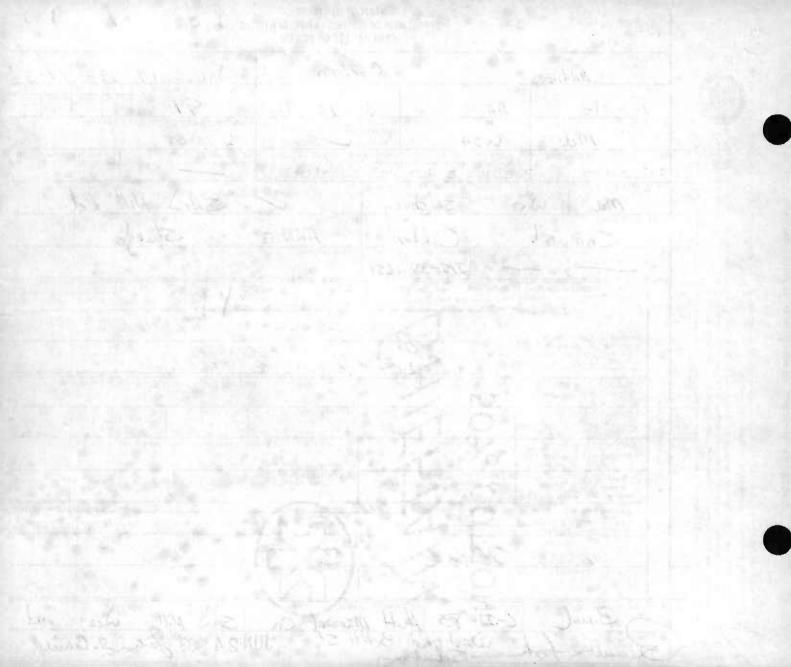
MONTHS DAYS

DHMH-16 25M (VRA 15, 4) 1/79

FOR - STATE

REGISTRAR

					-
M. H. Wes		4		entack office	r
	82	opt. 9,1900	€ :	Flock	elme
		Y	. A.	a.u	. 5
wife	9೬೩೦¹				
Nox 119 A 2013	127 1	x	9	- outside	i rolfuri
Denard	·I	dera	frestard		motifie
190 B Seaford, Dels.	R 2 Lox	se tthevs			on



Not. wales dieer. Beatendar wo. Als 5. Capton piles ratio ravos anot 214-24-4410 Mrs. Elephor J. Collon 413 S. Comden

1 70

"Fruition of the

strant comments that it is a more than the same

Mot. oney Superal licas 501 SuperBill W. Dale . Wayne acted

Resident and the second or Landing to the control of the con SCHOOL SEE STATE OF SECURIOR S and the second of the second o

SALTSB URY . MD .

FUNERAL HOME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR - STATE

DHMH - 16 50M 4/B2

(VRA !

REGISTRAR

MARKED TO STATE OF THE STATE OF And the built of the first of the second of THE PARTY OF THE P Thursday Roll & traking of a beaverage ALAD ROSE SACRETARY SOLVER AS SOLVER Notice and the state of the second se

, , , , WITH THE RESERVE TO THE PERSON OF THE PERSON makes a first the same and the The real property of the second second the second was a second product of the second a tell as an a second of the second of NEW AND AND THE CONTRACT OF THE PARTY OF THE EHOUSE C STATE THE STATE OF STATE OF

ENTER STATE STATE OF EA . MEI. C. S peter and the second of the se Cyr-1, 1085 U.Sloam Cerother wineoin, Dals.

FOR

(VRA 15, 4)

7:35.0	121, I must		Sauce
	es a de la conte	2 100	
		norms South africa	speciality , x
			SU. I. A.
	101		
400.7			

	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE		IAST	REG. N 2R. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
death death	(ITPE	Edith 5	Townsend	EV	ans	J	une 3	1983	1700
after deat	3 SEX	×	4 RACE	5 DATE C		AGE (IN YEARS LAST RIR		FUNDER I YEAR	IF UNDER 24 HR
direct ours af	1	emale	White		il 5 19b2	81	YRS.		
発力人	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY	OF DEATH	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Orcester	11. NAME OF HOSPITAL N	WIDOWE		Wicomice 12st USUAL OCCUPAT		TI25 KIND C	OF BUSINESS C
d wil		Salisbury	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		(TYPE OF WORK FOR MOST OF Retire	OF WORKING LIFE)	INDUSTRY)
be filed	USU	AL RESIDENCE (IENUESED HOME	Peninsula OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	1		•	1	
ald by	M	d. Wo	rcester 136 CITY OR	den	134 INSIDE CITY LIMITS?	13R STREET ADDRESS Rt. 1		218	322
e x e	14 FA	THER'S NAME	MIDDLE LAS	ī	15. MOTHER'S MAIDEN NA				
Dig (8)		P. Frank	k Brown	Party St.	EÏizabe	and the second s		Hobb)'S
the me	16e V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	SECURITY NO	17 INFORMANT	Evans Rte		'den	БМ
the the		No	217-0	3-4453	John A.	Evans Rue	2 1, 1		
papers move ic eve		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), I	bi, and joing	A.			BETWEEN	MATE INTERVAL ONSET AND DEAT
carbon pa on, or rem traumatic			ATE CAUSE (a)	rdial	Kirris	<i>X</i>		1	
carb on, o traur			DUE TO, OR AS A CONS	SEQUENCE OF	1 -0	00			
atic atic		Conditions, if any, which				1 1 2 2 2		1	
y the at remove cremati or other		gave rise to immediate	(b)	gladen!	dear fai	luse			
crem or oth			DUE TO, OR AS A CON	EOUENCE OF	acar for	luse	:6C	Li in	
o . c.		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A COLUMN (c) CONDITIONS CONTRIBUTING	ares P.	NOT RELATED TO THE TERM	Malace INAL DISEASE OR CON	eifol	N IN PART 1	01
burial, cr injury, or	NOI	gave rise to immediate couse (a), stating the underlying cause last.	1 10 501	ares P.	Sot Condus	AL MALINE INAL DISEASE OR CON	eifol.	N IN PART I	01
iit. Then please re prior to burial, cr ws any injury, or	ICATION	gave rise to immediate couse (a), stating the underlying cause last.	1 10 501	G TO DEATH BUT		A MALISE OR CON 20e AUTOPSY?	20h. IF YES,	WERE FINDI	NGS USED
permit. Then please re ene prior to burial, cr shows any injury, or	RTIFICATION	gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, IN CERTIFY YES	WERE FINDIFING CAUSES	NGS USED
nsit permit. Then please re Hygiene prior to burial, cr n 18 shows, any injury, or	AL CERTIFICATION	gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT		200 AUTOPSY?	20h. IF YES, IN CERTIFY YES	WERE FINDIFING CAUSES	NGS USED S OF DEATH?
ial-transit permit. Then please re fental Hygiene prior to burial, cr or Item 18 shows any injury, or		gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 1% DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. TIME OF INJURY HOUR A.M. MONTH 18) P.M. 21a PLACE OF INJURY	H DAY YEAR	214 LOCATION	20e AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?
in terminate rise of the state	MEDICAL CERTIFICATION	gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 1% DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OC CURRED WHILE NOT WHILE IN NOTIFY MEDICAL EXAMINE 101.	19b. CONDITION FOR W 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIFING CAUSES	NGS USED S OF DEATH?
The this certainate has been signed by the buriel-transit permit. Then please than Mental Hygiene prior to buriel, cr marked or Item 18 shows any injury, or		gove rise to immediate couse lot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 1% DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR (IF ETHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED WHILE AT WORK AT WORK	19b. CONDITION FOR W. 19b. CONDITION FOR W. 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, O	G TO DEATH BUT HICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	214 LOCATION	20e AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FIND II ING CAUSES TT 1 OR PART 2)	NGS USED 6 OF DEATH? NO
Ther inscendings in seen signed by the buriel-transit permit. Then please in the and Mental Hygiene prior to buriel, cr marked or Item 18 shows any injury, or		gove rise to immediate couse loss, stating the underlying cause loss. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OUR ETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22a 1 certify that	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR W	TO DEATH BUT THICH OPERATIO TO DAY YEAR 19 OFFICE, FARM, ETC.)	214 LOCATION	20e AUTOPSY? YES NO CENTER NATURE OF INJU CITY OF TOT	20h. IF YES, IN CERTIFY YES	WERE FINDING CAUSES TO THE TOTAL PART 2) COUNTY 9	NGS USED OF DEATH? NO STATE
The Transit permit. Then please of the control of t		gove rise to immediate couse loss, stating the underlying cause loss. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OUR ETHER, NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK 22a 1 certify that	19b. CONDITION FOR W. 19b. CONDITION FOR W. 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, O	H DAY YEAR 19 OFFICE, FARM, ETC.)	214 LOCATION STREET	20e AUTOPSY? YES NO CENTER NATURE OF INJU CITY OF TOT	20h. IF YES, IN CERTIFY YES	WERE FINDING CAUSES TO THE TOTAL PART 2) COUNTY 9	NGS USED OF DEATH? NO STATE
The United United Nation Research and the Order as the burial-transit permit. Then please report of Health and Mental Hygene prior to burial, critique of Health and Mental Hygene prior to burial, critique of them 21 is marked or Item 18 shows any injury, or		gove rise to immediote couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OIF BETTER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Saw the deceosed olive cobove (11) west (did) (did	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR W	H DAY YEAR 19 OFFICE, FARM, ETC.)	216 HOW INJURY OCCURION STREET 29 7 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	20e AUTOPSY? YES NO CENTER NATURE OF INJU CITY OF TOT	20h. IF YES, IN CERTIFY YES IN CERTIFY OF THE MEM 18, PAI	WERE FIND II ING CAUSES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	NGS USED OF DEATH? NO STATE
The United United Nation Research and the Order as the burial-transit permit. Then please report of Health and Mental Hygene prior to burial, critique of Health and Mental Hygene prior to burial, critique of them 21 is marked or Item 18 shows any injury, or		gove rise to immediote couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OIF BETTER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK Saw the deceosed olive cobove (11) west (did) (did	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR	H DAY YEAR 19 OFFICE, FARM, ETC.)	216 HOW INJURY OCCURION STREET 217 LOCATION STREET 218 ADDRESS 219 Opinion DEGREE ATTENDING PHYSICIAN	20e AUTOPSY? YES NO CITY OF INJU CITY OF IDD . to Compared on the d MEDICAL STA DIRECTOR PHYSIC	20h. IF YES, IN CERTIFY YES INTEM 18. PAI Tote ond hour	WERE FIND II ING CAUSES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	NGS USED OF DEATH? NO STATE thor (I) (wo) I couses stoted SIGNED
The United United Nation Research and the Order as the burial-transit permit. Then please report of Health and Mental Hygene prior to burial, critique of Health and Mental Hygene prior to burial, critique of them 21 is marked or Item 18 shows any injury, or		gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEREN, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that I have sow the deceased alive above (II) well (III) and (III).	CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION FOR	H DAY YEAR 19 OFFICE, FARM, ETC.)	216 HOW INJURY OCCURION STREET 217 LOCATION STREET 27 7 19 and that in min (and opinion DEGREE ATTENDING PHYSICIAN E	20e AUTOPSY? YES NO CITY OF INJU CITY OF IDD . to Compared on the d MEDICAL STA DIRECTOR PHYSIC	20h. IF YES, IN CERTIFY YES IN CERTIFY OF THE MEM 18, PAI	WERE FIND II ING CAUSES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	NGS USED OF DEATH? NO STATE
of for use as the burial transit permit. Then please re bt. of Health and Mental Hygiene prior to burial, or Item 21 is marked or Item 18 shows any injury, or	WEDICAL NEEDICAL	gove rise to immediate couse 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEREN, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that I have sow the deceased alive above (II) well (III) and (III).	(c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR W 19b. CONDITION	CHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.) TOM 70 70 71 70 70 71 70 71 70 70	216 HOW INJURY OCCURION STREET 217 LOCATION STREET 218 ADDRESS 219 Opinion DEGREE ATTENDING PHYSICIAN	20e AUTOPSY? YES NO CITY OF INJU CITY OF IDD . to Compared on the d MEDICAL STA DIRECTOR PHYSIC	20h. IF YES, IN CERTIFY YES IN CERTIFY OF SHORE IN ITEM 18, PAIN Of the ond hour of the cian in the ci	WERE FIND II ING CAUSES TO THE TOTAL TO THE TOTAL TO THE TOTAL TO	NGS USED OF DEATH? NO STATE thor (we) le couses stoted SIGNED

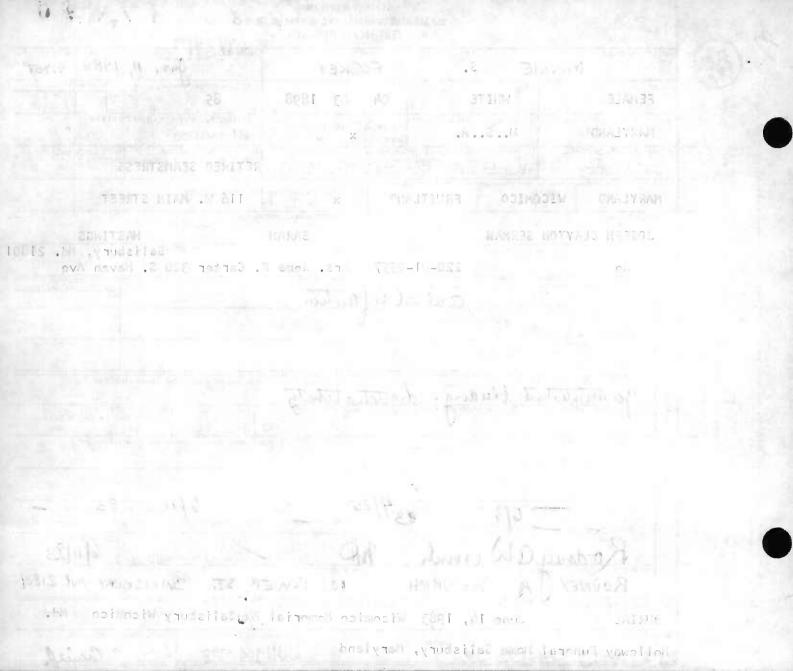
item lige-e 6-10-0: evaluation of the first of the 301 8 30 John Grande Carolle

V		1,	FOR	DEPARTN	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE 8 3	171	88
1		1.	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO		
	64	I. D	CEASED NAME FIRST	WIGOLE	1AST		MONTH DAY YEAR	2b. HOUR
	eogh 3	(TV)	Gara	ner F	Tetcher	Tune - 18	1983	6010 M
	moy be page,	3. S		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
	off off		Male	Negro	Jan. 7 1931	52	YRS.	HOURS MIN.
	(M)	2	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF WICOMIC		MD.
103	by mellind	3	Salisbury			120. USUAL OCCUPATION (1) PE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR
MARYLAND 21201	filled in nould be in thust be	130.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 12c. CITY OR FOWN	134. INSIDE CITY LIMITS?	130. STAFET ADDRESS	50 21	871
MARYL	mpletely ond 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE FLAS	15. MOTHER'S MAIDEN NAA	WE	1 1	ast
BALTIMORE,	on ond co		WAS DECEASED EVER IN U.S. AR (YES. NOOR UNKNOWN) (IF YES. GI	RMED FORCES? 166 SOCIAL SECUI	4790 CHARLET	Flatcher S		lege Pl.
W. PRESTON ST.,	that the death certificate by the attending physic ease remove carbonpape ol, cremotian, or removal, r other traumatic event, th			nly one couse per line (FT) 1, (b), one ED BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF	aes)		XIMATE/INTERVAL N ONSPLAND DEATH
DIVISION OF VITAL RECORDS, 201	requires en signeo . Then pla or to buria	NOI			EATH BUT NOT RELATED TO THE TERM			
AL REC	ion. he low re hos been if permit. I lene prior lows ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO [
OF VIT	HYSICIAN: The Inding physicic in certificate buriol-transit Mental Hygis or, them 18 sho		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
IVISION	d de t e p	MEDICAL	21d. INJURY OCCURRED WHISE IN MOT WHISE IN AT WORK IN AT WORK	210. PLACE OF INJURY (AT HOME, STREET, PACTORY OFFICE, PA	RM ETC) 211. LOCATION STREET	CITY OR TO	VN COUNTY	STATE
	R ATTENDING hospitol or off hospitol or off RECTOR: After ed for use os il pt. of Heolth of morke		The same of the sa	and viet the body after death.	30nd that in (my) (our) opinion d	to feath occurred on the do	te and hour and from th	, that (I) (we) last e couses stated
	OR DORE	(Th. SIGNATURE	E lould	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	10/83
	O FUNERAL hould be der	1	Pavid S	Conall M.	D. Salsbury	Division	25801	/
	BP	23a.	BURIAL CREMATION, REMOVAL	DATE 25-83 236. N	AME OF CEMETERY OR CREMATORY	Isi, LOCATION	ms Acea	mark STATE
	DHMH - 16 50M 4/82	0	UNERAL DIRECTOR	100 PG DA 55	Church 1/2 25919 ATI	E 15C'D. BIORDSTRAN	ANGECISTED STORY	HISRE X

estrootw Wiconites Salisbury reminerals teneral Hospital Lors regions o'c and a kind of the market of the Mark Contract of London Division Park Contract of the Contract THE STATE OF THE S The state of the s

K	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEAL	MARYLAND TH AND MENTAL HYG LTE OF DEATH	IENE 8 3	17	189
(Ma)	(TYP	CEASED NAME FIRST BLHA	ChE R FOR	٥		٤ 9, 1983	1410 N
age all ce.	3 SE	FEMALE	WHITE	1903	4. AGE (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
death. P	Ta, B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? USAR ELL	R MARRIED	Wicomico		TH NE
urs after		Salisbury	11. NAME OF HOSPITAL, NURSING HOME OR O IN NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General		120 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF NONE	ON 12h. KIF WORKING LIFE) INDUS	ND OF BUSINESS OR
filled in uld be fill	USU 13e	AL RESIDENCE (IF NURSING HOME STATE	AH. R.S. H. I. H. M. I. R. IVII. INIT.	INSIDE CITY LIMITS?	13e STREET ADDRESS		21871
ompletely and 2 shot]4 F	ATHER'S NAME FIRST CHARLES		MOTHER'S MAIDEN NAM			LAST
h and cor	160	WAS DECEASED EVER IN U.S. A		INFORMANT MRS RUTH V	VHITE SAL	ISBURY,	MD.
requires that the death certition is signed by the attending phy nen please remove carbon pag to burial, cremation, or remove injury, or other traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PAI	RT I(a)
an. cate has bee it permit. T ygiene prior	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR WHICH OPERATION W	'AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES	
ING PHYSICIAN: The ending physician. After this certificate his the burial-transit permand Mental Hygiene and Mental Hygiene harked or Item 18-cho	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (FETHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH DAY YEAR P.M. 19	HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR		
ITALOR ATTEND y the hospital or att y the hospital or att RAL DIRECTOR: A Rate Dept. of Healt NIT: If Item 21 is m	6	226-Leestify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did a 226. SIGNATURE	at) view the bady after death. DEG	ATTENDING PHYSICIAN [2	, to	m	, that (1) (we) last in the causes stated DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detac with the State [IMPORTANT:		J. GREE	u ma a	UINCY & LOCUS		SBURY M	0 21801
BP		BURIAL, CREMATION REMOVA (SPECIFY) BURIAL		T. BEAUCHA			
DHMH-16 25M	24 F	UNERAL DIRECTOR	INERAL HOME: PRINCES	25a. DATI	REC'D. BY REGISTRAR		2. Caniel

SERVICIE R. Miller a Child THE PERSON OF THE PERSON BY AND THE PARTY OF THE PARTY OF



DHMH - 16 50M 1/76 (VR A 15 (4)) FOR

		STATE OF MARYLAND
		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
_	MIDDLE	12-0

1.	REGISTRAR	-11			CERTIFICATE OF DEATH REG. NO.					VIV	
	CEASED NAME OR PRINT)	Willia		ain	Foxwell		June 26	3	YEAR 2b HOUR		
3. SE.	ALE		4 RACE WHITE		5 DATE C	723/1903 YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER	24 HRS MIN,
	RTHPLACE (STATE OUNTRY)		U. S.A.	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH		MD.
F	ruitland		13193" S	- Camden	Avenu	DR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OR Ret. Store	ON OF WORKING I Owne	12b. KIND O INDUSTRY	F BUSINE	SS OR
130. 5	laryland	13b COUN	OTHER INSTITUTION	13c. CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS? YES 💆 NO 🗌	313 S. Cam	den A	venue	2182	م) ا
4. FA	William	Benjam	in Foxw	ell LAST		Hettie	WIDDLE		mith LAS		
	VAS DECEASED E YES, NO OR UNKNOWN		MED FORCES? WAR OR DATES)	218-16-		Mrs. Nina F.					M
CERTIFICATION	PART 2. OTHER S	ouse last. SIGNIFICANT C	ONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF YE	IVEN IN PART 10 ES, WERE FINDIN IFYING CAUSES	NGS USED	
	230. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY N	CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU		PART 1 OR PART 2)	NO []
MEDICAL	21d. INJURY OCC	OT WHILE TO	21e. PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	ST.	ATE
	sow the dec	eosed olive on		declosed from	1 Ma	nd that in (my) (our) opinion	deoth occurred on the o	lote and ha	our and from the	that (1) (v	ve) lost oted
(72d PHYSICIAN	120	fel	MA	n2	DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STA	FF CIAN	22c. DATE	signed e 27,	1983
			Mi tchel			Poplar St.,		Md. 2	1826		
(BURIAL, CREMATIC SPECIFY) BURIAL		236. DATE June			ico Memorial			Wicomic		CTE .
	OLLOWAY F		HOME S	ALIS BURY	, MD.	25a. DAT	TE REC'D. BY REGISTRAN	25b. (E/G)	SPRAR'S SILVIA	John	4

000 23, 123	17-1-10-	nisk mi	1 1 1
	5051/55/0		LIAK
E COLUMN TO			· 100 (100)
sot. Store Ouner	~.It ~V	15 7.55	incirium.
313 T. Charles Avenue	x bn.	i comi co I Fruitata	Tory Tan !
Site Fruitland, 20.21 Helsen 313 J. Comien Ava	^ [* * *]	Claveso i alimo	ins seilti

File Total THE REPORT OF THE PARTY OF THE The Transfer of win all it is not being

(VRA 15, 4)

Section 1997 Control of the section The first the own to be the state of the state of roots in generalist notes have a root - 6.5 addance. M AND THE SHARE SHEET THE FAMILY SHEET The state of the s

· n-	1.	STATE REGISTRAR	DEI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	1 8 7
2 75		CEASED NAME FIRST	WILSON	Grave	2000	26 DATE OF DEATH	0-15-85	12 6:40 A
age 4 ma ector, pa 1 after d mon.	3 SE	MALE	WHITE	S DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR		FEAR IF UNDER 24 HRS
death, a		RTHPLACE (STATE OF FOREIGN OUNTRY LAND	76. CITIZEN OF WHAT COULD U.S.A.	MARRIED WIDOWE	NEVER MARRIED	1. BALTIMORE CITYS	COUNTY OF DEAT	Н
Of the for	10 C	CLISBULY	11. NAME OF HOSPITAL, N OF NOT IN SUCH FACILITY, GM		- 11	124 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF		
35	13a :	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OTHER INSTITUTION, GIVE RESIDENCE	I SBURY		retired	illiam Stre	1001
221	14. F/	King	MIDDLE Graven	nor	IS. MOTHER'S MAIDENNAM Katherine	(Man'8	en name unk	
n and to	16a V	VAS DECEASED EVER IN U.S. AI YES, NO ORUMENOWN) (IF YES, GN	C. 111.10.000.0.15641		Mrs. Nettie G		BE. Willi alisbury, M	
been signed by been signed by tr. Then please orior to burial, or any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			INAL DISEASE OR CON	NOITION GIVEN IN PAR	
an: The	RTIFIC					YES NO	IN CERTIFYING CALL	ISES OF DEATH?
HYSICI/ physicia is certifii ial-trans ental Hy or Item		21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCURE	PED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART † OR PAR	7 2)
ENDING PP or attending DR: After the e as the burn ealth and M is marked or	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
F O D S I Z		220.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no	ottended the deceased 05-30 It) view the body after death.	07	d that in (my) (our) opinion (, to	19	, that (I) (we) la the causes stated
by the hospital by the hospital by the hospital ERAL DIRECT e detached for State Dept. of ANT: If Item 2		120. SIGNATURE	mitu	huis	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSI	AFF _	ATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detac with the State		Dr. A.C. Mit	che11		Fruitland,		21826	
BP		BURIAL CREMATION, REMOVAL BURIAL	6/18/83		S Cemetery		ry Wicomic	
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR HOTTOWAY Funer	1 Home Salfe	sbury, Ma	ryland 250 DATE	N 2.0 1983	25% REGISTRAR'S SIG	MUBERLY

	1000	1.02	310	
20	1 91 1900	0 27	IHV.	TAN
	— ж — ж	•	. 8 . 0	ON, JYNAM
Foregan Word Construction				
703 E. Eilfiam Errert		Y4002146	OUTHOUTH	- GHAJYBAR
(Nilden name unknown)		วาสรงสาวิ		po i A
ravenor baliscury, anyland	Mrs. Metric Co	214-12-51956		O la
Market Comments of the Comment	-			
	e a	19-1-19		
24-45	1: -: 5-			
Con President		4	5.37	
		+ Keller	175	1
15ry.an 21528				34
			finisin.	
Salisbury Michaeleo Haryland	47. to 10. 3	33 Marson	3/31/2	10.1 970
Alberta Facility of the second second	basiya.	Jalisanry, a	emon Isanni	T years told

Bradshaw & Sons - Crisfield. MD 21817

FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

TE STEEL	S. Smite	LINA.	NE.	J sing	1 35
		EL 93	F		6 5 5 7
	in terminal	X		180	e afrecia
at his old also	o moder fister	Indigaof I	Tonso sign	Hitted	gundaling
	ALL NO. III.		oli ste rolas	di sin	,
	0.0 of 0.0 2 7 11.	plana		.8	*
.00	TE STATE OF THE	E is abadel			0
			doll		
			81.	100	
				100	
	41 45				12061

THE SHOPEN HOLD I SHAPE IN TERESTATE PEMPLE 1820 15 12 188 93 - 14.D SUMET-SET PERHARE & REQUERTSERPRINCESSONNE JOHN WESLEY FROKS MALE of MORRISS EHIL HANDER PER BY 237 PYR HAMD The state of the s Burnish Same J. 83 Mt. Vege Serviced Services J. Same A. The The sale of the state of the sale of the s

	X	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	171	9 7
	moy be poge 3		CEASED NAME FIRST DENNIS	JOSEPH 4. RACE	HAN LOA 5. DATE OF BIRTH	20. DATE OF DEATH JUNE 6. AGE (IN YEARS LAST BIRT		
	A. Poge 4	19: B	MALE RTHPLACE (STATE OR FOREIGN)	WHITE TO CITIZEN OF WHAT COUNTRY	MAY 24 PIT		YRS. DAYS	HOURS MIN.
	offer dear		TASH, D.C TYOR TOWN OF DEATH Lisbury	(IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIVO	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		
	filled in by gould be fill	USU. 130 S	AL RESIDENCE I IF NURSING HOME OR ON THE NAME OF THE N	Peninsula Ge OTHER INSTITUTION GIVE RESIDENCE BEFOR TY 134. CITY OR TOV CHERTEROCEAN	RE ADMISSION) VN = 13d. INSIDE CITY LIMITS?	13. STREET, ADDRESS	3	1042 0AD
	completely 1 and 2 st		TIMOTHY N	AIDOLE HANCON MED FORCES? 1166 SOCIAL SEC	15. MOTHER'S MAIDEN N.	AME MIODLE	BRAD	LEI
	sicion and c pers. Pages ol.	180. V	VES NO OR UNKNOWN) (IF YES GIVE	was or oates) 579 - 18	-2659 MARY PATRIC	IN HUBHES	SILVERSO	PINE MS
	certifica ling phy irbonpol or remov tic event		PART I. DEATH WAS CAUSED	BY: E CAUSE (o) DUE TO, OT A CONSEQU	udial infantion		BELWIEN	ONSE! AND DEATH
	hot the deoth by the ottend ase remave co 1, cremation, c		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	(b)	IENCE OF			
	requires the reduced it. Then ples for to buriony injury, or	TION	PART 2 OTHER SIGNIFICANT CO	Structure Mulm	DEATH BUT NOT RELATED TO THE TER MAY ISL, OPERA ON WAS SERFORMED	MINAL DISEASE OR CONE	at Jaluie 206. IF YES WERE FINDS	
	sicion. ote has beennsi permit. ygiene prio	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	YES NO	IN CERTIFYING CAUSES YES TY IN ITEM 18 PART 1 OR PART 2)	S OF DEATH?
	PHYSICIAN: ending physic this certificat te burial-tron d Mental Hy	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT LIFEITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M. 210. PLACE OF INJURY	PAY YEAR 19 211. LOCATION	CITY OR TO		STATE
	ATTENDING Proposition of the control	W		(AT HOME STREET, FACTORY, OFFICE	June 16 19 83	, to June	29, 19.83	, that (I) (we) lost
	he he he be coche		sow the deceased alive on above, (1) (we ridid) (did not 22b. SIGNATULE)		DEGREE ATTENDING	MEDICAL STAF	771. DAFE	E signed
	TO HOSPITAL retoined by 11 TO FUNERAL should be det with the Stote IMPORTANT:		22d. PHYSICIAN'S NAME (14PEOR	WENKICH	PHYSICIAN 220 ADDRESS 1 GO POWET	PDIRECTOR PHYSIC		md. 2180
	BP		BURIAL, CREMATION, REMOVAL	July 2 83 6	NAME OF CEMETERY OF CREMATORY	EM SILVE		Motate
DI	1MH - 16 50M 4/82	24. F	NAME DIRECTOR	10 DEVO	L FUNEENCKENE	ATÉ RÉC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	TURE

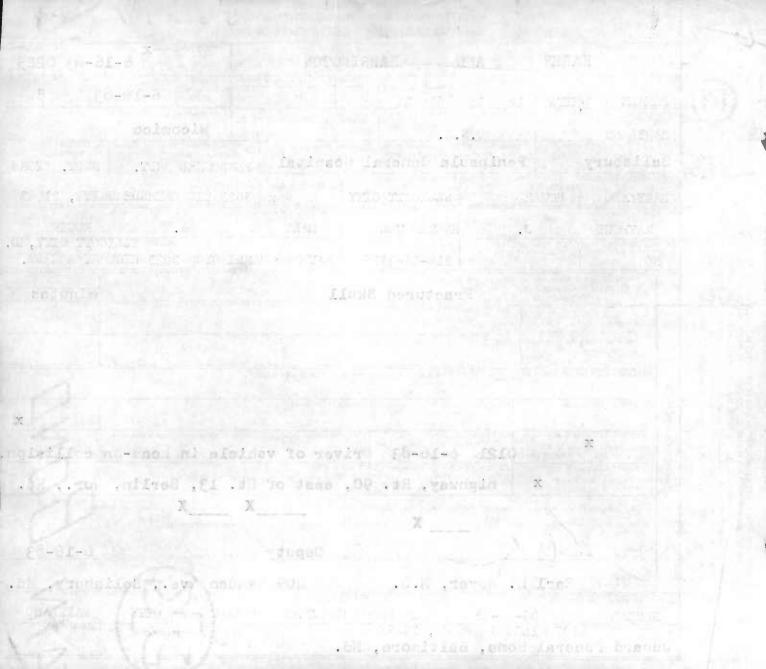
DEMANS JOSEPH HONALD JAME AN 1983 -MANGE WHITE MAY SHIPPY GE Wash, D.C. Elisit. LAWYES FEE - NAME MARYARING WOREHERTERS, CAN GRY Y 714 TWIN TEEE ROSD Timestry Mr. Haused Hannah Parament 10721 MENGEN HES Bucene Tuys 83 SATE OF HERYEN CON STURES MAN MAN

	fter death. Page 4 may be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m retained by the hospital or attending physician.
DIVISION OF VITAL	TO HOSPITAL OR ATTENDING PHYSICIAN: retained by the hospital or attending physician.
	TO HC

	Item #8&13	e Film G58	0 6/28/83 DEPART	STATE OF MARY MENT OF HEALTH ANI	'LAND D MENTAL HYGII	ENE 8 3		7 1	98	
	REGISTRAR			CERTIFICATE OF	REG. NO.					
100	I. DECEASED NAME	FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 2	HOUR	
death	H	best	S	Haro	u		6-1	-83	5 AM	
ector, paragraphics after d	3 SEX Mal	B	12ch	DATE OF BIRTH	1893	AGE (IN YEARS LAST ON	rhoay) # U		OURS MIN	
5 9 301	TO BIRTHPLACE (STATEO	FOREIGN 76 CITIZ	EN OF WHAT COUNTRY?	MARRIED NEVE	9 BALTIMORE CITY OR COUNTY OF DEATH					
1	MA	V	. 2. 4.	WIDOWED	DIVORCED [nico		MD.	
	Salis low	(FM	ME OF HOSPITAL, NURSII OT IN SUCH FACILITY GIVE STREET I COM I CO		ISTITUTION	70 -7		26. KIND OF E	BUSINESS OR	
filled in	USUAL RESIDENCE IN NI	IRSHIG HOME OR OTHER INS 136 COUNTY	TITUTION, GIVE RESIDENCE BEFORE 130 PTY OR TOV	PE ADMISSION) VN LONE 138. INSIDE VESTE	CITY LIMITS?	3. STREET ADDRESS	7.0	218	40.	
mpletely and 2 should be a sho	A FATHER'S NAME	MIDDLE	Harry	15. MOTHE	FIRST //]	MIDDLE	U	LAST		
ian and cor ian and cor i. Pages 1 and i. the med	160 WAS DECEASED EVE (YES, NO OF UNKNOWN)	ER IN U.S. ARMED FOR		URITY NO. 17 INFORM	12m F	ADDRIV	Manti	coke,	put	
physicia papers. I emoval.		WAS CAUSED BY	use per line 20101 lb.	nd icu	u Ens	balls		APPROXIGA BETWEEN ON	SET AND DEATH	
tending carbon ion, or n trauma	3109 Conditions, if or	221/200	TO OR AS ACOUSEDY	INCE OF T	hater-	tat .	Lethe	3/82		
by the are removed. I, cremat	gave rise to i cause (a), sto underlying cau	mmediate ting the		ENCE OF A	au		da	70-		
n signed nen pleas to buria y injury,		GNIFICANT CONDITION	ONS CONTRIBUTING TO		ED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	N PART HOI		
te has been permit. Ti iene prior s shows an	190 DATE OF OPER	RATION 196	CONDITION FOR WHICH	OPERATION WAS PERF	FORMED	200 AUTOPSY?	20h. IF YES, WI IN CERTIFYING YES	G CAUSES O		
hysician. certificat I-transit p ntal Hygi	OR CONTRIBUTING	CAUSE OF DEATH HC	TIME OF INJURY DUR A.M. MONTH D P.M.	AY YEAR	INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)		
ofter this the burial and Mer	216. INJURY OCCL	IRRED 21a	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE,	211 LOCA		CITY OR TO	WN (COUNTY	STATE	
al or att	22a. I certify that	(I) (this haspital) after	nded the deceased from	4/8/82	y) (our) opinion de	, to	ote and hour an		at (I) (we) last	
L DIREC ached fo Dept. o	above, (I) (we	(did) (did not) view th	e body after death.	/ DEGREE	ATTENDING	MEDICAL SEA	_	9°125	ONED S	
retained by the TO FUNERA should be detained with the State	174 PHYSICIAN S	NAME (TYM OF MAN)	tt-bell M	D III ADDR	ESS /156	CASY A	1)	J'	801	
TO Find with with IMPO	230 BURIAL CREMATION	N, REMOVAL 236. D	ATE DO THE	NAME OF CEMETERY O	RCREMATORY	234/LOCATION CITY OR TOWN	L cobu	Arry	STATE	
BP	BW	151 61	4/23/	JUNTICA	- Com	NAH	TICON	(2)	V	
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERALDIRECTOR	Messir	L, Books V	alle, M	J 13 JUN	1 0 1983 P	RSV REGISTRAR	2 SIGNATUR	in	

TREE STATE OF THE Med Western W. was a standard of the What Had X Hatelle M Berger or warming ald 11 12 to letter - 1 or 1914, 3for and with the state of the Amount Marchelle Sular THE SHOP IN THE WASHINGTON

*								ARYLAND			9	0	ä	
5	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE									7	7		
4	10		REGISTRAR		MEL		INER'S C	ERTIFICATE O		REG. NO.				
/	4		CEASED NAME	KAREN	AN	MIDDLE F	ARRIN	CPON	20. DA1	TE KNOWN TE ESTI-	MONTH DAY 6-16-		26 HOUR	
	E E E E E E	1. SEX		RACE	Is. DATE OF BIRTH	16. AGE (1					MONTH DAY	130	2d HOUR	
1 18					MONTH DAY	YEAR LAST BIR	THDAY) MONTH	DER 1 YR. IF UNDER	MIN PRONC	21111000	16-83	127.50	1 HOUR	
-	STEWN		EMALE IRTHPLACE (STAT	WHITE	12 15	61 21	10		Q BAL	TIMORE CITY OF		DEATH	M	
1	HASE TA	10	MEIGN COUNTRY)					ED NEVER MARRI	IED X	Vicomic	age .	25010		
	2500		ARYLAND ITY OR TOWN OF	DE DE ATH III NAME OF HOS		S.A. WIDOWED DIVORCED WICOMICO					OF WORK 12b KI	MD.		
	PAGE PAGE SERIE	Salisbury		ry	Peninsula General Hospital PERSONNEL DEPT.					0	OR INDUSTRY DEPT. STORE			
5	1205705		AL RESIDENCE (#	HIN COUN.		13c CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET AD	DRESS				
212	S S R O R O	-	ARYLAND	HOWA		ELLICOT	CITY	YES NO K	3023 H	ICKORYME	DE DRIV	Æ, 21	043	
MD	E 42237]4. F/	ATHER'S NAME FIRST		WIDDLE	LAST		15. MOTHER'S MAIDE FIRST	NAME	MIDDLE	-	KUCIK		
SE.	AND AND C		RAYMOND		J.	HARR INGT		MARY		A.			V M	
LIMC	AFTER IVE PA H FOR AGES I ISION	(Y	ES, NO, OR UNKNOW	EVER IN U.S. ARA	WED FORCES? WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	14 D D T11 C		ELLICOT			
BALI	SAPAGIN	-	NO			214-84-		RAYMOND H	IAKKINGT	UN 3023				
15	M C 18 M	>	18 CAUSE OF PARTIDEA	TH WAS CAUSED	ly ane cause per line DBY:			3			BET	APPROXIMATE I TWEEN ONSET	AND DEATH	
NO	PES VAL		812	O IMMEDIAT	TE CAUSE (o) F	racture		L d.			m.	inute	22	
TEST	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z			, if any, which	1	NO A CONSEQUEN	CL OI							
× .	MINE MINE MAN MAN MINE MAN MINE MAN MINE MAN MINE MAN MINE MAN MINE MAN MINE MAN MINE MAN MINE MAN MINE MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN		gave rise	to immediate	DUE TO, OR	AS A CONSEQUEN	CE OF						-	
2	N A A A		lying couse		/-/		- VI							
98	AND		PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id											
00	PEE E	Z O	The state of the s											
190 DATE OF OPERATION 196 CONDITION FOR WHICH OPE						PERATION WAS PERFORMED?					AUTOPSY?			
AT.	SSE STATE	TIER										YES 🗌	NO 📉	
6	NED B	CER	216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 0121p.m. 6-16-83 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 0121p.m. 6-16-83 Priver of vehicle in head-on collision											
- 6	SA POTEN	CAL			DEATHOLZIP.M.			ver of ve	ehicle	in hea	d-on c	olli	sion.	
N S	OED DEP	MED	21d. INJURY OC		21e PLACE C STREET FACT	ORY FARM FEE		CATION	СПУО	RTOWN	COUNTY		STATE	
۵	MAR NAR NAR NAR	1	AT WORK	AT WORK	high	hway, Rt	. 90,	east of			in, Wo	r.,	Md.	
	A PER SING		22a I certify	that I took chang	e of the remains desi	()			n X , Inqu	Jiry K, ond	d in my opinion			
-	WHEN SHAN		death resulted	from: Notur	rol couses .	Accident X,	Suicide	, Homicide .	Undetermined	d monner .				
	AAP WHEN		ACTUAL	111	6	1000		TITLE (SPECIFY)			DATE	3/	0.0	
8	34534×	1	SIGNATURE	and	1		M	.D. Deputy	MEDICAL EX	XAMINER	SIGNED 6)-TP-	03	
	WOO	1	EXAMINER'S N	AME TO	L. Roy	an M D		1.00	"amdam	A 770	Soliah	1190	Ma	
	PAFEE BAFEE	23a P	(TYPE OR PRINT	ON REMOVAL 2				ADDRESS 409 (23d LOCATIO		DATTRO	mr. A.	Md.	
		- (:	BURIAL, CREMATI		06-20-83			ODMORDS.	CITY OR TOWN	MODE CIT	Y COUNTY N	MARYLA	ND	
	BP				ILKENS AV			25a. DATE	REC'D. BY REGIS	TRAR (5) REGIS	TRARSIONA	WALL.	Wall.	
	DHMH - 17 (VR A15 ME (5))				Home,			· JUN	171983) Jan		816		
	20M 4/82		- 1				,							

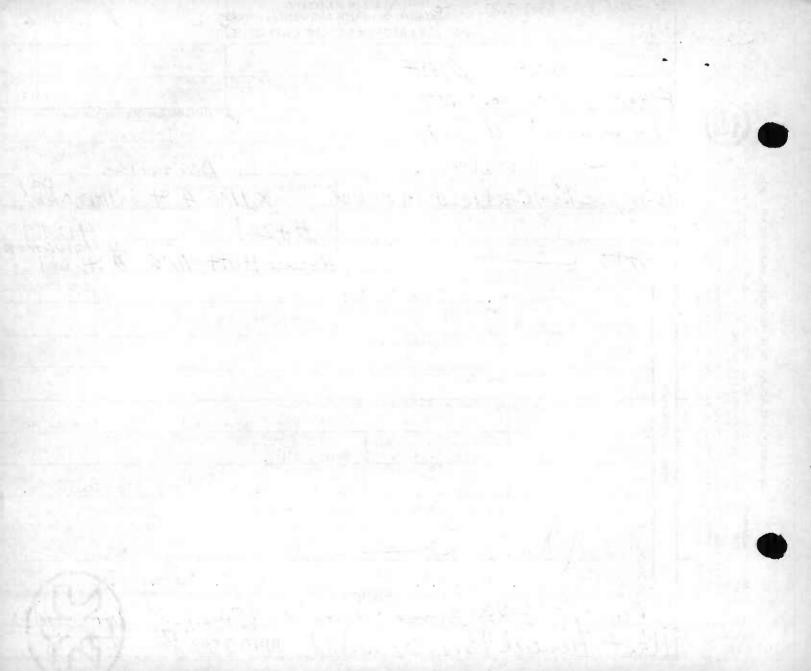


Y V I O'N IN SECTION				
		.8	RET_INV	-
£8 6601 20		42.790%	UA	MA
			thirt mak	
Ameria Director-Retired				
ax 1300 contant Road	ABIRTIA	2 011/0	DIN DINATANA	
Ener Catherine Toadving Source 2180			115 diger launge	
Tour subuse the				
ne origi H siis ur	H 2 NO	GIAY IN		
MILLER STEELS	is experient.	60 Omn	o.lowcy runerd	

7		FOR STATE	DI	STATE OF A EPARTMENT OF HEALTH		YGIENE 3	201
		REGISTRAR CEASED NAME EIRST		ICAL EXAMINER'S	CERTIFICATE O	REG. NO.	
		PEARL		AY HOTCHKIN	IASI	OF ESTI- DEATH MATED 6	24 19 83
2	3. SEX	emale White	S DATE OF BIRTH		NDER 1 YR. IF UNDER	24 HRS. 2c. DATE MONTH MIN. PRONOUNCED 6 24	DAY YEAR 2d HO
1	70. BI	RETHPLACE (STATE OR PREIGN COUNTRY ON O	U.S.A.	MARR	NEVER MARRIE	= LITCOMICO	NTY OF DEATH
0		Salisbury, Md.		TAL, NURSING HOME, OR OTH LITY, GIVE STREET ADDRESS) Sula General Ho		120 USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	OR INDUSTRY
5		AL RESIDENCE (# IN MURSING HOME ITATE 136 COUN WICO	OR OTHER INSTITUTION, GIVE ITY. MICO	RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Tyaskin	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS Rte #1 Box 137	21865
0		ATHER'S NAME William	MIDDLE	Roseľi	IS. MOTHER'S MAIDE	MIDDLE	Zimmer
1	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 272-38-8075	Walter Hot	chkin Rte #1 Box 1	Tyaskin, Md. 37 21865
		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA	D RY.	or (a), (b), and (c).) Cardiac arrest			APPROXIMATE INTERVA BETWEEN ONSET AND DE
		Canditians, if any, which gave rise to immediate		SACONSEQUENCE OF Respiratory ins	sufficency		Yrs.
		cause (a) stating the <u>under</u> lying cause last.	(c) S(S A CONSEQUENCE OF Enile emphysema			Yrs.
	z	PART 2 DIHER SIGNIFICANT CONDITIONS Multiple	_	NOT RELATED TO THE TERMINAL DISEAS			
	0					er 0313	
9	FICATI	190. DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPERATION W	VAS PERFORMED?		20 AUTOPSY?
9	AL CERTIFICATI	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	216. TIME OF II	NJURY YEAR 21c. H	OW INJURY OCCURRED	tenter nature of injury in item is part tor	YES NO
973	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 2141 IN URY OCCURRED.	21b. TIME OF II HOUR A.M. DEATH P.M.	NJURY MONTH DAY YEAR 19 INJURY (ATHOME, 211 LC) 17, FARM, ETC.)	ow injury occurred Auto accide	nt(single vehicle)	YES NO (
STAND STAND TO BONIAL, CREWATION,	MEDICAL CERTIFICATI	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270. I certify that I took charge	21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF STREET, EACTOR Street ge of the remains descr	NJURY MONTH DAY YEAR 19 INJURY (ATHOME: 711 LC 37, FARM, ETC.) tibed above, held an Autop	OW INJURY OCCURRED Auto accided OCATION SIRGET Titehaven Ro Day Inspection	oad, Wicomico Cty, Inquiry X. ond in my	YES NO
	MEDICAL CERTIFICATI	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CAUSE OF 21d INJURY OCCURRED WHILE AT WORK AT WORK 270 I certify that I took charged death resulted fram: Nature ACTUAL	21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF STREET, EACTOR Street ge of the remains descr	NJURY MONTH DAY YEAR 19 INJURY (ATHOME. 216 LC RY, FARM, ETC.)	OW INJURY OCCURRED Auto accided OCATION SITE TO THE CONTROL OF	oad, Wicomico Cty, Inquiry X, and in my Undetermined manner	YES NO NOTE NO
3	MEDICAL CERTIFICATI	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270. I certify that I tack chard death resulted fram: Natu	21b. TIME OF II HOUR A.M. P.M. 21e. PLACE OF STREET, EACTOR Street ge of the remains descr rol causes A	NJURY MONTH DAY YEAR 19 INJURY (ATHOME: 21f LC WITH STARM, ETC.) 19 INJURY (ATHOME: 21f LC WITH STARM, ETC.) NAME OF THE STARM AND AUTOMOTE STARM AUTOMOTE STARM AND AUTOMOTE STARM A	OWINJURY OCCURRED Auto accided CATION STREET TITLE (SPECIFY) Deputy	oad, Wicomico Cty, Inquiry X. ond in my	YES NO (PART 2) COUNTY Maryland STA apinian

E 25 B		H 10	MISTYN YAS	<i>t</i> 1	
5 24 55			and piot	bm 11 m	in elem
601	moth	ж		1	old dosy
	องการแก	nosni tal	insula Conoral	Ton	ورجادتان
13)	xou Panta ax		nista e T	renien	aryland
Tamais_		atitell	(Chaos)		meilii
117 (11	telusion tee fil	of redieve at	(17 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m		oll
. ()			Jrije erre		
775.		Toput Ticency	Restinutory		
. 7'		6	senile ellivs		
	lerests	ed Arteriosc	- Deneraliz	of Training	i lu
(al a	ont single veri	ico. of			x
Challynam . N+C	end', ichlich	(0)	1 2 7		
	X X			X	
		Reputy			- De
P = 3	alisbury blv			4 .7 10101	

	Item#5&6 Film G581 7/21/83 C STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	7 9 10 9
R	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	/ 4. 0 4
7	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN 47 MOR	NTH DAY YEAR 26. HOUR
FASE TOR: ILES.	WILLIE MAE HUTT DEATH MATED 0 6	23 19 83 M
ECOR. FCOR. FLES.	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MON	TH DAY YEAR 24 HOUR
200 Z	Female NEGro Dec. 12,1952 30 yrs.	23 19 83 3:45 a M
一個語》	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR CO	UNTY OF DEATH
11431/7	DETAWARE U. SIFT WIDOWED DIVORCED WICOMICO COU	
機器の景気	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
DEL STE	Salisbury 1024 Lake St. Domes +16	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELEXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 31G PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN 170 FUNGRAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIAL RECORDS BALTIMORE, MARYLAND 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	136 STATE NO COUNTY 136 CITY OR TOWN 130 INSIDE (ITY LIMITS) 130 STREET ADDRESS & 111 MINGS TO YES NO X 1106 A ST 111	18129900 1
MD. H. IF A 3. 1.2. SF	14. FATHER'S NAME INSTERIOR IS MOTHER'S MAIDEN NAME AFRST MIDDLE	1111110.100
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3, PAGES 1 AND 2 S VISION OF WITH	HAZE	HUTT
TIMO PAGORA ON O	166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	WILMINGTOND
S AF S AF S AF S AF S AF S AF S AF S AF	HAZEL HUTT 1106 K	St. Del
ST., I	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 18. VER ALONG W ALNSIT PERMIT. AL HYSIT PERMIT. REMOVAL.	9902 IMMEDIATE CAUSE (a) Smoke inhalation	
R ALLEN ALLE	Conditions, if any, which	
WITH WITH WAR	gove rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W. RITING THE WORD "PENDING" IN PEN ROED TO THE CHIEF MEDICAL EXAMIL ROED TO BURIAL, CREMATION, OR	lying couse last.	
MALE BAND AND AND AND AND AND AND AND AND AND	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
S A A LITH	8	
UID WEEN WEEN AL, O	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
S S S S S S S S S S S S S S S S S S S	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH X.M.X. 6-23- 19 83 House fire. 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART LO AND THE CONTRIBUTION COURSED 216. PLACE OF INJURY (AT HOME. 216. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	YES X NO
OF ATE WEN WEN TO B	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART LO UNDERLYING OR	R PART 2)
S S S S S S S S S S S S S S S S S S S	CONTRIBUTING CAUSE OF DEATH XMX 6-23- 19 83 House fire.	
OVIS RITIN REGED REG REG REG REG REG REG REG REG REG REG	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN 10 CITY OR TOWN	COUNTY STATE
THIS WAR	AT WORK AT WORK House 1024 Lake St., Salisbury, Wic	omico, Md.
PAR SAIR	22a. I certify that I took charge of the remains described above, held on Autopsy X, Inspection . Inquiry . and in m	y opinian
WE WE THE STATE OF	death resulted from: Natural causes	
MAN WAIN	ACTUAL ACSISTANT DA	ATE 6-23-83
SHOW SHOW	SIGNATURE	SNED 0-23-03
AED AED	EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md	. 21201
PAT PAT —	230 BURIAL CREMATION, REMOVAL 23by DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23d LOCATION 23d LOCATION	
BP	Lucial 6-28-83 Green Acres Mem A SALISbury 1	Wi MD
999999 DHMH - 17	1 NAME A LANGUET AND A LANGUET	SSIGNATURE
(VR A15 ME (5)) 20M 4/82	West tunual Home Sales, Md JUN 2 9 1983 John &	to lahely



STATE OF MARYLAND

THE KEON G REST 6 'A M Bluck + 22 A tates in the Mist Sufference of the second of th Ma, witcher and the same Alle. PODESTS JACKER BY BY KELENTS SA SHAZ. LINA 252 S. C. S. Marks Daynell were hermy - usy me was in Level - College Charlet of the same of the same Dirial 6-23-32 Green were where Williams Bridelle I Men March - British My July 10 Jan John Stewart

otol	E. P. et and		(Act of the second	mat
		47.6/E 24	3 35144	
	opinopia			
			Jack's Head Contar	2alisbury
74.30	P. Palence		12 Tolor 1	
		14.75	Service Service	To be let up he
- M		Salper Contract of the Contrac		
	The street of th			
	Opens 1	Carried Ser		
	(Shreen), 13	Call Sin		
	Chronic A	Call San		
	(Almonto La			

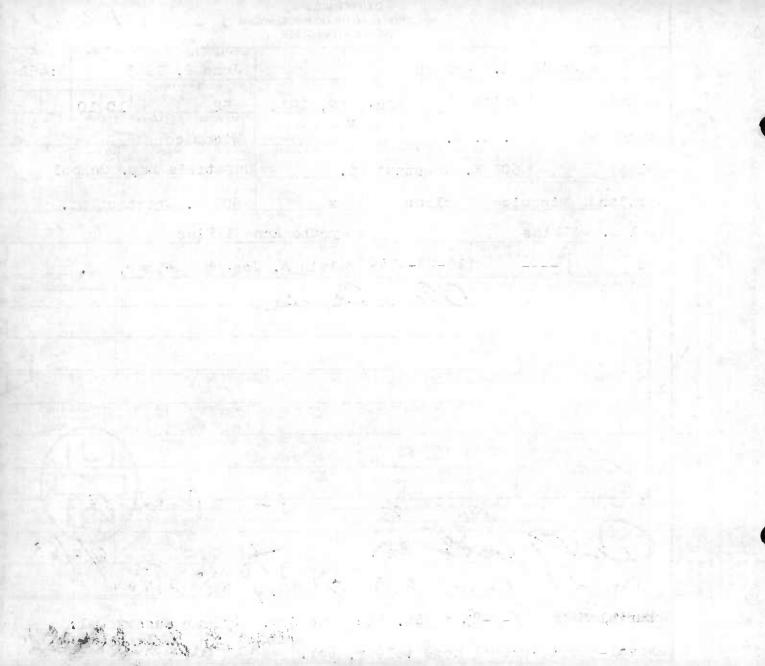
K	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 7 2 0 5 CERTIFICATE OF DEATH REG. NO.							
To a second		CEASED NAME FIRST	Mae	I AN ES	JUNE	MONTH DAY YEAR	26. HOUR			
(A)	3. SE	Lemale,	PACE A	5. DATE OF BIRTH MONTH AND YEAR 1929	6 AGE (IN YEARS LAST BIRT	HDAY) FUNDER LYE MONTHS DAY YRS.				
35		RTHPLACE (STATE OR FOREIGN 7b (CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	* BALTIMORE CITY O	R COUNTY OF DEATH	W			
300	5	Salisbury	I IF NOT IN SUCH FACILITY, GIVE STREET A	1 TT11-1	17a USUALIOCCUPATE	ON 126. KINE F WORKING LIFE) INDUST	D OF BUSINESS OR RY			
The state of the s	USU 13e	AL RESIDENCE (# NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE	I 131. INSIDE CITY LIMITS?	13 STREET ADDRESS	242 /	HOOL M			
uted with	11, 6,	ATHER'S NAME MODELLE N MODELLE	DIE COLLIN	IS MOTHER'S MAIDEN NA FIRST E. VOLUMO	MIDDLE	Dashiel	LAS			
Pages 1.s		WAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN] (IF YES, GIVE WA		290 John Lores	SP13 S	x2426	Hopey			
requires that the signed by the ation please remove to burial, cremating in the signery, or other was a signery or other was a	Z	gave rise to immediate couse (a), stoling the underlying cause last. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUEN	NCE OF	MINAL DISEASE OR CON	DITION GIVEN IN PART	Mar			
SICIAN: The law ysician. retificate has beer transit permit. The lal Hygiene prior tal Hygiene prior tem 18 shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PPERATION WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES				
CE 0		718 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR			2)			
tending pHy tending ph After this the burial h and Men narked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOV	VN COUNTY	STATE			
ATTENE pital or at ECTOR: for use as for use as of Healt		228.1 certify the (1)(this beapted) saw the deceased alive on above (10) was add (1 did not) vi		and that in (my) (out) opinion	death occurred on the de	te and haur and from t	_, that (I) (we) last the causes stated			
SPITAL OR by the host ERAL DIR e detached State Dept TANT: II to		27h SIGNATURE	and.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F _ /	13/53			
TO HOSPITAL TO FUNERAL should be deta with the State MAPORTANT		Chaylor	ast mo.	POBOK 26		ary mo	21501			
BP		netCer).	6/7/83 13c N	ME OF CEMETERY OR CREMATORY DESTOVE 15- DAY	23d. LOCATION CITY OR TOWN	SOME	eset Md			
DHMH-16 25M (VRA 15, 4) 1/79	1	HARLE DIRECTOR Sames	402 Somerset	bre. Po. ANNE SI	JN 9 1983	John J.	swif .			

ERFIEL ENGLISHED THE STATE Add to be an extended to have a delige was from & and the

(IF NOT IN SUCH FACE SALISBUR SALISBUR OF THE RINSTITUTION GIVE 136. WICOMICO SCANDER H	S. DATE MON AT COUNTRY? AT COUNTRY? AT COUNTRY? MARRI WIDOW PITAL, NURSING HOME CITY OF STREET ADDRESS! Y Nursing H RESIDENCE BEFORE ADMISSION CITY OR TOWN Alisbury LAST Jones	27 1899 ED NEVER MARRIED MED DIVORCED OR OTHER INSTITUTION Ome	9. BALTIMORE CITY OR CO Wicomico 1120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman 7. 130 STREET ADDRESS 114 E. Chu	1 83 5:50 pm IF UNDER I YEAR IF UNDER 24 HISS WO'N'TH'S DATS HOURS MIN. PREING LIFE IZE KIND OF BUSINESS OR INDUSTRY COCA—COLA
FOREIGN 76 CITIZEN OF WHA 1 U.S. ATH 11. NAME OF HOSI (IF NOT IN SUCH FACE SALIS BUT 136 COUNTY 136. WICOMICO SE MIDDLE H. IN U.S. ARMED FORCES? 166.	S. DATE MON' 9 AT COUNTRY? 8 MARRII WIDOW PITAL, NURSING HOME CILITY, OWE STREET ADDRESS) Y Nursing H RESIDENCE BEFORE ADMISSION CITY OR TOWN alisbury LAST Jones	OF BIRTH 27 189! ED NEVER MARRIED VED NOTHER INSTITUTION OME 136. INSIDE CITY LIMITS YESK NO	6. AGE (IN YEARS LAST BIRTHDAY 87 9. BALTIMORE CITY OR CO Wicomico 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman 130 STREET ADDRESS 114 E. Chu	Y) IF UNDER I YEAR IF UNDER 24 HIRS MONTHS DAYS HOURS MIN. YRS DUNTY OF DEATH MD. RRING LIFE 12b KIND OF BUSINESS OR INDUSTRY COCA—COLA
FOREIGN 76 CITIZEN OF WHA TH U.S. ATH 11. NAME OF HOSI (IF NOT IN SUCH FAC Salisbur SING HOME OR CITHER INSTITUTION GIVE 136. COUNTY 13c. WICOMICO Sc MIDDLE H. IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	AT COUNTRY? 8 MARRIWIDOW PITAL, NURSING HOME CITY ON STREET ADDRESS) TY Nursing H RESIDENCE BEFORE ADMISSION CITY OR TOWN alisbury LAST Jones	2 7 189! ED NEVER MARRIED JED WE DIMORCED OR OTHER INSTITUTION OME 1 13d. INSIDE CITY LIMITS YES NO	9. BALTIMORE CITY OR CO Wicomico 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman 7. 130 STREET ADDRESS 114 E. Chu	OUNTY OF DEATH MD. RKING LIFE TIZE KIND OF BUSINESS OR INDUSTRY COCA-COla
FOREIGN 76 CITIZEN OF WHA TH U.S. ATH 11. NAME OF HOSI (IF NOT IN SUCH FAC Salisbur SING HOME OR CITHER INSTITUTION GIVE 136. COUNTY 13c. WICOMICO Sc MIDDLE H. IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	MARRIM WIDOW PITAL, NURSING HOME CHITY, GIVE STREET ADDRESS! Y Nursing H RESIDENCE BEFORE ADMISSION CITY OR TOWN Alisbury LAST Jones	ED NEVER MARRIED VED 12 DNORCED OR OTHER INSTITUTION OME 134 INSIDE CITY LIMITS YES 10 NO 0	9. BALTIMORE CITY OR CO Wicomico 1120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman 7. 130 STREET ADDRESS 114 E. Chu	OUNTY OF DEATH MD. RKING LIFE; 12b KIND OF BUSINESS OR INDUSTRY Coca-Cola
ATH 11. NAME OF HOSI (IF NOT IN SUCH FACE SING HOME OR OTHER INSTITUTION GIVE 13b. COUNTY 13c. WICOMICO S. MIDDLE H. IN U.S. ARMED FORCES? 16b. (IF YES, GIVE WAR OR DATES)	.A. WIDOW PITAL, NURSING HOME LINTY, GIVE STREET ADDRESS) Y Nursing H RESIDENCE BEFORE ADMISSION CITY OR TOWN Alisbury LAST Jones	DIVORCED OR OTHER INSTITUTION OME 134. INSIDE CITY LIMITS YEST NO	Wicomico 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman 7 130 STREET ADDRESS 114 E. Chu	rking Life) INDUSTRY Coca-Cola
ATH 11. NAME OF HOSI (IF NOT IN SUCH FACE SING HOME OR OTHER INSTITUTION GIVE 13b. COUNTY 13c. WICOMICO S. MIDDLE H. IN U.S. ARMED FORCES? 16b. (IF YES, GIVE WAR OR DATES)	PITAL, NURSING HOME CLITY, GIVE STREET ADDRESS) Y Nursing H RESIDENCE BEFORE ADMISSION CITY OR TOWN Alisbury LAST Jones	Ome 134 INSIDE CITY LIMITS YES NO	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Salesman 130 STREET ADDRESS 114 E. Chu	rking Life) INDUSTRY Coca-Cola
Salisbur Salisb	y Nursing H RESIDENCE BEFORE ADMISSION, CITY OR TOWN alisbury LAST Jones	13d INSIDECITY LIMITS	Salesman Salesman STREET ADDRESS 114 E. Chu	Coca-Cola
MICOMICO Some Michael	alisbury LAST Jones	13d INSIDE CITY LIMITS	114 E. Chu	2/80/
MICOMICO S	alisbury Jones	YESM NO	114 E. Chu	irch Ctroot
H. IN U.S. ARMED FORCES? 16b. (IF YES, GIVE WAR OR DATES)	Jones	15. MOTHER'S MAIDEN	NAME	irch Street
IN U.S. ARMED FORCES? 16b.			MIDDLE	LAST
(IF YES, GIVE WAR OR DATES)		Elnora		
10.	SOCIAL SECURITY NO.	Mrs.	Esther Bounds	(Daughter)
	14-10-6247	7 110 Caro	lyn Ave., Sal	lisbury, Maryla
H (Enter only one cause per line /AS CAUSED BY.	far (a), (b), and ic	Vila 1	,	2 MR JAM BE AND DEATH
IMMEDIATE CAUSE (0)	yourn	Mult	n	1mi
	A CONSEQUENCE OF	Musin	1001	1/20
mediate	sovery 11	THEOSEE	1015	yu.
lost. DUE TO, OR AS	A CONSEQUENCE OF			
VIEICANT COMPUTIONS CONTI	PIRUTING 4Q DEATH BUT	T NOT RELATED TO THE TI	EPANINAL DISEASE OF CONDITIO	ONLC IVEN IN DARK I.e.
vall 2ed	cetalus vo	luces	ENMINAL DISEASE ON CONDINC	AN ONEN IN PART TIE
TION HE CONDITION	N FOR WHICH OPERATIO	ON WAS PERFORMED	78x. AUTOPSY? 28h	IF YES, WERE FINDINGS USED
			YES NO	VES NO NO
		21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN IT	TEM 18 PART 1 OR PART 2)
CALEXAMINER) P.M.	19			
LAT HOME CORET C		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
IILE RK	ACTORI, OFFICE, FARM ETC.		- 11	
. /*//	ceased from	19/	7_, to	, 19 25 , that (1) (we) lost
ed alive on	1907, o	and that in (my) (aur) apin	ian death accurred an the date a	nd haur and fram the causes stated
Il loud O	2	DEGREE		22c. DATE SIGNED
ETUIN	8		DIRECTOR PHYSICIAN	0 6/2//3
BEARDSLEY, M.D.		US 50 AT C	IVIC AVE., SALIS	SBURY, MD. 21801
REMOVAL 23h DATE	23c. NAME OF	CEMETERY OR CREMATOR		COUNTY STATE
6-4-19	83 Wicomio			
COOR TE	Which mediate cause (a) which mediate lightly the lost. Which mediate lightly the lost. WIFICANT CONDITIONS CONTINUED TO CAUSE OF DEATH CALEXAMINER) RED 21e PLACE OF II (AT HOME STREET, First, F	DUE TO, OR AS A CONSEQUENCE OF which mediate 19 the lost. (c) NIFICANT CONDITIONS CONTRIBUTING TO DEATH BU TON CAUSE OF DEATH CALEXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CALEXAMINER) 19 THE CALEXAMINER 21c. PLACE OF INJURY (14) HOME STREET, FACTORY, OFFICE, FARM ETC.) (this hospital) oftended the deceased from delivery of the body of the death BEARDSLEY, M.D. REMOVAL 23b. DATE 23c. NAME OF	MAS CAUSED BY. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Which nedicite log the lost. (c) NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TI TON PIR CONDITION FOR WHICH OPERATION WAS PERFORMED DERLYING CAUSE OF DEATH CALEXAMINER) RED 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) (Ithis hospital) oftended the deceased from (Ithis hospital) oftended the deceased fr	MAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Interpretation of the lost. DUE TO, OR AS A CONSEQUENCE OF INFICANT COODITIONS CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION DERLYING DELTA CONDITION FOR WHICH OPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE OF INFICANT COODITIONS CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TON DERLYING DELTA CONDITIONS CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TON DERLYING DELTA CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TON DERLYING DELTA CONTRIBUTING ADDRESS DELTA CONTRIBUTING AND THE TERMINAL DISEASE OR CONDITION TON DERLYING DELTA CONTRIBUTING ADDRESS DELTA CONTRIBUTING AND THE TERMINAL DISEASE OR CONDITION TON DERLYING DELTA CONTRIBUTING ADDRESS DELTA CONTRIBUTION CITY OR TOWN THE CONTRIBUTION AND THE CONTRIBUTING ADDRESS DELTA CONTRIBUTION CITY OR TOWN THE CONTRIBUTION AND THE CONTRIBUTION AS PERFORMED TO THE TERMINAL DISEASE OR CONDITION TON TON TON TON TON TON TON



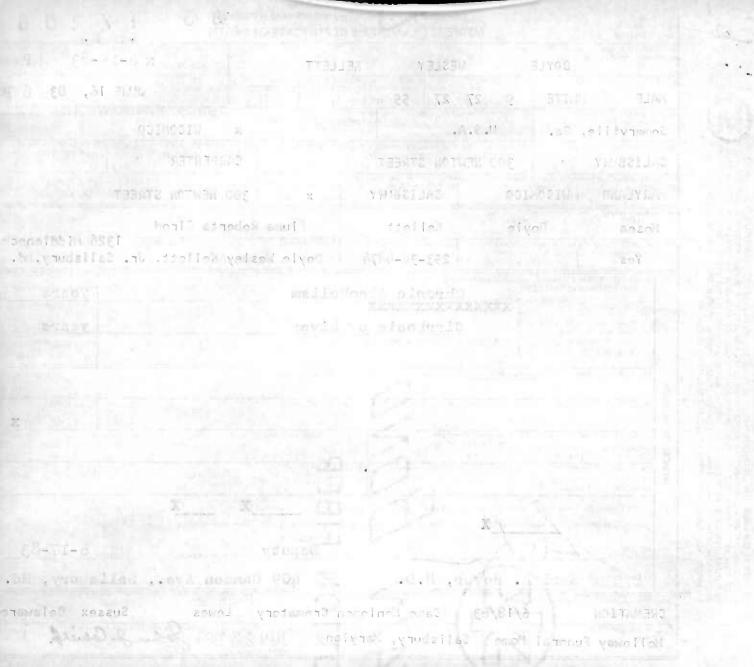
0	1.	FOR • STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 1 2	7207
	I. DE	CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 2b. HOUR
ay be bage 3 death	,,,,,	Julia	A. Joseph		June 2, 1983	4:45A
E 4 5	3. SE	х	4 RACE	5. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
ctor s of	I	Temale	White	July 22. 1930		O 10
eath. Po	17	RTHPLACE ISTATE OR FOREIGN DUNTRY) Laryland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY C	OF DEATH
s after o	17	elmar	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 601 E. Chest		12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Cafeberia Emp.	126 KIND OF BUSINESS OR INDUSTRY School
ithin 24 hauri rely filled in 2 shoold be User assrib	130 S	aryland Wico	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) NN 13d INSIDE CITY LIMITS?		
w pe w popular	Ca	rl S. Wilkin	S (AS)	Myrtle Ann	n Wilkins	LAST
n and co Pages (VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVI	E WAR OR DATES)	urity no. 17. INFORMANT 4749 Melvin A.	Joseph Delmar.	Md.
rentificate to physicia ban papers removal.		PART I. DEATH WAS CAUSE	nly ane couse per line (a), a ED BY: TE CAUSE (a)	n Come		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death J by the attendi ease remove ca al, cremation, ar		Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)			
requires en signe or to buri	TION			DEATH BUT NOT RELATED TO THE TERM		
The law recian. e has beer if permit. jiene prior	CERTIFICATION	19a. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
IYSICIAN: The ding physicic scertificate burial-transit Mental Hygin I feet 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	I 1 OR PART 2)
of PHYS attendir ther this as the bu h and M	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN		saw, the deceased of an ear	ital) attended the deceased from.		death accurred on the date and haur of	that (I) (we) last and fram the causes stated
OSPITAL OR AT ed by the hosp UNERAL DIREC d be detached f he State Dept. or	(226 SIGNATURE	lower	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6/2/83
TO HOSPITAL retained by the TO FUNERAL shauld be detining with the State IMPORTANT;		David E.	Court !!	1. D 120/ADBESS 5.	Division 57,	1//
BP	î l	Burial, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY C. Stephens Cem.	Delmar Musses	
DHMH - 16 60M 7/73 (VR A 15 (4))	4	uneral director arvel-Short F	Funeral Home I	111	IN 6 1983	R'S SIGNATURE



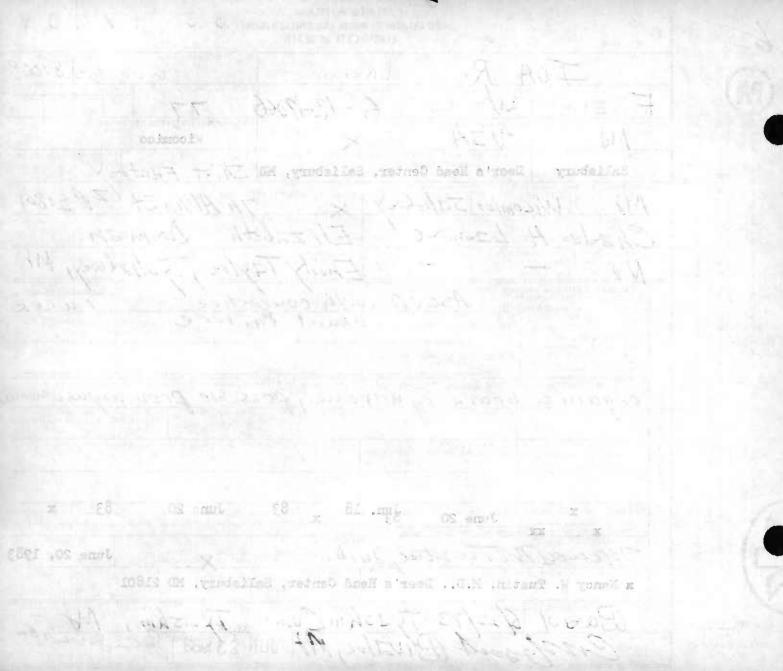
1	FOR				DEPARTMENT OF	HEALTI	AND MENTAL	HYGIENE	3	1 7	9 17	1 - 5
1	- STA	ISTRAR		ME	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.		4 0	
	DECEA (TYPE OR	SED NAME	FIRST		WIDDLE		LAST	20 DATE	KNOWN [MONTH DAY	YEAR	2b. l
	(TITE OR	PRINT)	DOYLE		WESLEY	KE	LLETT	DEATH	ESTI- MATED X	6-15-6	23	1
3.3	SEX	4. R	ACE	5. DATE OF BIRTH	6. AGE (IN LAST BIRTH			ER 24 HRS. 2c. DAT	E INCED I	MONTH DAY	Y YEAR	2d
	MAL	77	WHITE	9 27	27 55	YRS.	H3 DATS HOURS	DEA	D	IUNE 16,	19 03	3
70	FOREIG	PLACE (STATE		76. CITIZEN OF W		8 MARR	IED NEVER MAI	RRIED	MORE CITY OF		DEATH	11 1
		erville		U.S.					ICOMICO			
10		ISBURY	DEATH		SPITAL, NURSING HOACIUTY GIVE STREET ADDRESS WTON STREE		HER INSTITUTION	CARPEN		OF WORK 12h K	KIND OF BU OR INDUST	RY
FTC			NURSING HOME OF		WIUN SIKEE			CARPEN	IEK			A 15
		YLAND	WICON		134. CITY OR TOWN		13d. INSIDE CITY LIMITS		TON STR	EET 2/	801	
14		ER'S NAME		MIDDLE	L NA		15 MOTHER'S MA		WIDDLE		LAST	
_		sea		yle	Kellett		and the second second	Roberta		122/	- Mid-alah	1
16		Q OR UNKNOWN)	ER IN U.S. ARM		166. SOCIAL SECUR		17. INFORMANT	In alan V. 1	ADDRESS	-	Midd	
		Yes			253-30-4	0/4	Doyle V	Vesley Kel	iett, J			
YAL	18.	CAUSE OF DE	ATH (Enter only	y ane cause per lin	e far (a), (b), and (c).)		2.1			BE.	APPROXIMATE	TAND
		6712			Chronic A	Alcoh	nolism				years	3
		2 112		- BUT-TO! OT								
ı		gave rise	if any, which to immediate	(b)	Cirrhosi		Liver			7	years	3
		lying cause lo	ting the under-	DUE TO, OF	AS A CONSEQUENCE	E OF				14.50		
ı				(c)								
1	_	RT 2 DINER SIGNIFI	CANT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN	PART I (g)				
	190 210	DATE OF OP	ERATION	196 COND	TION FOR WHICH OP	ERATION V	VAS PERFORMED?			20	AUTOPSY:	?
	H H			V E TO						- 63	YES 🔲	NO
	210	EXTERNAL C		21b. TIME O	FINJURY A. MONTH DAY YE.		OW INJURY OCCUR	RED LENTER NATURE OF	JURY IN ITEM 18 PA	ART I OR PART 2)		
		DERLYING ONTRIBUTING	OR CAUSE OF D			""						
1	40	I. INJURY OCC			OF INJURY (AT HOME,		CATION	CITY OR T	OWN	COUNTY		ST
1	AT AT	WORK A	T WORK]	room, cann, cro. j			CITY ON IT	,,,,,	COUNTY		31
				e of the remains de	scribed abave, held an	Autor	lospect	tian X, Inquiry	X and	In my apinian		
1		eath resulted for	1/	al causes		Suicide	, Hamicide	, Undetermined n		my apinian		
	l°	com resoned to	10	-	,,,,,,,	- United E	TITLE (SPECIFY)	ongoermined in	.5.1161			
	AC	TUAL GNATURE	/but	1			Deput	MEDICAL EXA	MINED	DATE SIGNED	6-17.	-8
1				V		/						
	EX (T)	PE OR PRINT)	MEEarl	L. Roye	er, M.D.		ADDRESS 409	Camden	Ave.,	Salis	bury	, P
23	a.BURI	AL, CREMATIO	N, REMOVAL 2:	3b. DATE	23c. NAME OF C		OR CREMATORY	23d. LOCATION		COUNTY		TATE
	CRE	MATION	- 1+	6/18/83	Cape He	nlope	n Cremato	Lewes		Susse	x De	lav
2	4 FUNE	RAL DIRECTOR	?	11- Aponed	2 - 1 d a bounce	Manuel	and 250. DAT	N 2 3 1983	AR 76 REGIS	TRAP'S SIN	ATURE A	
	Ho	Toway	Funeral	Home ADDRES	Salisbury,	nary	and JU	N 7 2 1202	Journ	- on las	my	

20M 4/82

STATE OF MARYLAND



6	1.	FOR . STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	17209
(M)		CEASED NAME FIRST	A RACE	LAST LARMORE 5. DATE OF BIRTH	20. DATE OF DEATH MONT 6. AGE (IN YEARS LAST BIRTHDAY)	20 83 8:00 ª
death Popp	7a. B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY DR CO	MD.
s off by th filed	10, C	Salisbury	Deer's Head Ce	ING HOME OR OTHER INSTITUTION ET ADDRESS) nter, Salisbury, M	D 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
filled in hauld be	USU 13a	AL RESIDENCE (IF MURSING HOME OF TAJE 134, COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13. CITY OR TO (COMINI STATE	WN \ 113d INSIDECITY LIMITS?	13e STREET ADDRESS	54 Zip 9180)
uted within completely I and 2 sh	14. F	Charles H	4. Lamase	15. MOTHER'S MAIDEN N	Seth MIDDLE DA	wan LAST
be execut on ond co			ARMED FORCES? 166 SOCIAL SEC	EURITY NO. 17 INFORMANT	TYlow, Sa	7/13-(acy, Mt.
physicic on paper: emovol.		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), (SED BY: ASC V	D willy con	cestive	BETWIN ONSET AND DEATH / Week
hot the deoth ce by the ottendin ase remove corb I, cremotion, or a		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO	UENCE OF MANT F	ailure	
requires ten signed Then ple or to burio	NOI	organi'c	1	DEATH BUT NOT RELATED TO THE TER	ssible pro	uchopulomic
The low relicion. The hos been nsit permit. I yegiene prior shows ony ii	CERTIFICATION	19a. DAYOF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
G PHYSICIAN: The strending physicion of this certificate the burial-transit and Mental Hygis ked or item 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D LIF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER HATURE OF IMJURY IN IT	EM 18 PART 1 OR PART 2)
DING PHYS or ottendin After this c e os the bu olth ond M morked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
Z = 0 0 5 H = 10	H		spital) attended the deceased from	18 19 83 o ond that in (my) (our) apinio	, to June 20 n death occurred on the date on	
AL OR ATT the hospinal in the		22b. SIGNATURE Maucy	W. Tusta	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [June 20, 1983
O HOSPITAL efoined by the TO FUNERAL should be determent the Store with the Store MAPORTANT:		22d PHYSICIAN'S NAME ITYPE	Corprint M.D., Dec	er's Head Center, S	Salisbury, MD 2	1801
PP	230	BURIAL, CREMATION, REMOVA	AL 23h 0/1E / 73 23	NAME OF CENETERY OR CREMATORY	23d LOCATION Programs K	COUNTY STATE
DHMH - 16 50M 4/82	24, F	UNERAL DIRECTOR	1- A And	117 ho. 1 250. P.	ATE RECD. BY REGISTRAR 256 R	GISTRAR'S SIGN COUNTERLY



in the state of the					
Pi control					
	Tentinott	Conoral	Contain 1	Salteburg	
uotanta					
		-			
		H	- A 14		

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYC	REG. NO.	17212
r death		CEASED NAME FIRST OR PRINT)		WIDDLE		AST	28 DATE OF DEATH MO	NTH DAY YEAR 25 HOUR 720
		AD		nda	LEMI	1 -	Dune 7,1	785
DCe.	3 SE	Semale	4 RACE White		5 DATE C		AGE (IN YEARS LAST BIRTHDA	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS MONTH'S GAYS HOURS MIN
97	7a. BI	RMPLACE (STATE OR FOREIGN DUNTRY) Berlin. Md.		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED D	Wicomico	COUNTY OF DEATH
80		alisbury	11. NAME OF PENING	HOSPITAL, NURSIN THE FACILITY, GIVE STREET, SULA GO:	GHOME C ADDRESS) Nera	Hospital	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W Housewife	ORKING LIFE) INDUSTRY
20	USU/ I3e S	AL RESIDENCE (IF NURSING HOW TATE 136 CO Maryland	E OR OTHER INSTITUTION OUNTY WICOMICO	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Pittsv	N	134. INSIDE CITY LIMITS?	130 STREET ADDRESS Rt#1 Pitts	ville Gumboro Rd.
	14 FA	THER'S NAME Gardner	Henry	Tyre	3 7	15 MOTHER'S MAIDEN NA	ANDDIE .	Inknown)
t, me me	16e V	VAS DECEASED EVER IN U.S. res, no or unknown) I if yes,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 214-32-0		James R.	ADDRESS Lewis (Son)	Box 295C 21 Pittsville.Md.
, evenit,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	anly ane cause per	A comment	- Am	anut		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the	(b)_		NCE OF	Mumposis	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MWS 4R3
injury, or		underlying cause last.	(c)	ANTWOS	Lewu	NOT RELATED TO THE TERM	ula Žium.	ION GIVEN IN PART I(a)
shows any	CERTIFICATION	196 DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		ON. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
in and wiental ryglene marked or Item 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	DE INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	
narked o	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	2) LOCATION STREET	CITY OR TOWN	COUNTY STATE
1 is		22a I certify that (I) this he saw the deceased alive abave, (I) well (Bid) (dic	/	p-7	3 . or	d that in (my)(3) opinion	, ta death accurred an the date	19) that (1) (6) las
ate Dept.		22b. SIGNATURE	uld M	- Cumo		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	22c. DATE SIGNED
with the State Dept. of I		D. M. W	PE OR PRINT)	D		PEHMC		
N H	(:	Burial, CREMATION, REMOVE	June	10, 1983		Hope Cemeter		
16 25M i, 4) 1/79	24. FU	NAME HO OWAY	Funeral	Home ADDRESS	alish	250 PA	REF DAY 1983 RAN	BECISTRAME SICHARUBEL &

were Distincts Lewis 28 1191 II VAN no.11 nnox _____ atiwozool ____ Madule and the later the later than the Surdner tearly Tyre Louise SH-12-01578 | tames 3. Lowis (Son) Sitesville 18. Surfall cone 10, 1 m.7 dent four femetory Williams Streeten 18. Solotte Timeral Belle . Sul snow LUCT Ad. Sp. Malory, 164.

	1.	STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	1. 2. 1 0
nay be poge 3	I. DE	CEASED NAME FIRST CORPRINT) James Fran	nklin	Marberger III	June 5. 198	14.1100K
e 4 may ctor, pag	3. SE:	ale	4.RACE White	5. DATE OF BIRTH 100 16940	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
death. Pog	j	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED MEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY ON THE WICOMICO	OF DEATH MD.
by the filled with	4	Salisbury		eral Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) Computer Ser	12b. KIND OF BUSINESS OR INDUSTRY VICE
n 24 hours	13a. S	Maryland Wi	other institution, give residence before NTY 134 CITY OR TOWN Salisbi	ury 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Ramblin	Rd. 2190
ompletely 1 and 2 spa)J;	ATHER'S NAME ames Franklin		15. MOTHER'S MAIDEN NA Edith	MIDDLE	Singleton
be executed on and camp s. Pages 1 are		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? 166. SOCIAL SECUE 181-28-		n Dufty Marber	
hat the death certificate by the attending physici ase remove carbon paper I, cremation, ar removal. other traumatic event, th		PART I. DEATH WAS CAUSE	Ny one couse per line for (a), (b), and D BY: FE CAUSE (a) DUE TO, OR AS A CONSEQUE! (b) DUE TO, OR AS A CONSEQUE!	y metastatie	Pomereotre	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed mit. Then ple priar to burio any injury, ar	CERTIFICATION			EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: The physicial certificate arriol-transit entol Hygie them 18 shown	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	YES NO YES	
or offending After this e os the bumarked or marked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220 Learning that (1) (4)	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 4df) attended the deceased from	RM. ETC.) 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spirol STOR: for us of He	N	saw the deceased alive an abave, (I) (arc) (did) (did no 22b. SIGNATURE		, and that in (my) (pm) opinion DEGREE	death accurred on the date and hour	
HOSPITAL OR A med by the hospital DRE FUNERAL DIRECT FLORE A the State Dept.; If the MORTANI: If the median bear in the State Dept.; If		22d. PHYSICIAN'S NAME (TYPEO	PR PRINT)	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	6/5/83
TO HOSPITAL OF THE TO FUNERAL DE Should be detor with the State DIMPORTANT: If	230 5	SURIAL CREMATION, REMOVAL	123b. DATE 1236. N	AME OF CEMETERY OR CREMATORY	DIVISION ST SA	Hisbury Ma
BP		(SPECIFY) Burial UNERAL DIRECTOR		comico Memorial	l Salisbury Wi	COUNTY STATE COMICO Md.
DHMH - 16 50M 4/82 (VRA 15, 4)			eral Home Sali	sbury, Md.	TE REC'D. BY REGISTRAR 25h W STR UN 8 1983	I Court

STATE OF MARYLAND

				4
Part top 21				
	Led Spanic	Istoral simaning	a Symmatter	
			rat landomen	
		a 31,		
Diversi de la constante de la				
			- F 7	
Salas Flags				

B	1.	FOR STATE REGISTRAR	DEPAR	MENT OF HEAD	FMARYLAND ITH AND MENTAL HYGI ATE OF DEATH	ENE 8 3	17	2 4
		CEASED NAME FIRST	WIDDLE	LAST			MONTH DAY YEA	AR 2h. HOUR
2 04	(TYPE	JOSE,	PH	Mai	ctin	June !	5 . 1983	1505 4
And die	3 SE		RACE	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
i (ma)	1	MALE	CANCASION	MONTH 10	17 1916	66	YRS.	DAYS HOURS MIN
		RTHPLACE ISTATE OR FOREIGN OUNTRY) PENNSYLVANIA	CITIZEN OF WHAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED	Wicomico	R COUNTY OF DEAT	H M
A willer	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	NG HOME OR C	THER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12h. KIN FWORKING LIFE) INDUS	
1 110		Salisbury AL RESIDENCE (# NURSING HOME OR C	Peninsula Ge	DE ADMISSIONIS		CONTRACT		MENT/CONCE
10	1	nd. Wo:	R. 136 CITY OR TO	NY		BAY TELLAC	E GALDEN F	4775 A-6
mplet	14. FA	THER'S NAME FIRST WNK	IDDLE LAST	15	MOTHER'S MAIDEN NAM FIRST	MIDDLE		LAST
e be execusive and con Pages Tages	16a V	VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVEN	NED FORCES? 166 SOCIAL SEC WAR OR DATES)	URITY NO 17	TOESERY MART	IN EVERE	SEEEN PRIV	FART 1991
requires that the death cert signed by the attending ph en please remove carbon pa to burial, cremation, or rem y injury, or other traumatic	N	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) DINDITIONS CONTRIBUTING TO	JENCE OF	T RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PAR	RT 1(a)
V: The law rule te has been a permit. The liene prior to shows any	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHIC	H OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FILL IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
rSICIAN hysician certifica certifica Il-transit nital Hyg		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH (DAY YEAR	HOW INJURY OCCURR			
dir dir	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21	LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TOR: USE at Heal		22s I certify that (I) (this haspite saw the deceased alive an_			, 19, 19	, to	19	, that (I) (we) las
TO HOSPITAL OFF ATT retained by the hospital TO FUNERAL DIRECT should be detached for ur with the State Dept. of H	1	obave, (I) (Ne) (did) (did not	wiew the body after death.	DEC	REE ATTENDING	MEDICAL STAF	72c. p	PATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detact with the State [IMPORTANT:		220 PHYSICIAN'S NAME TYPE OF	PRINT) GRASSO	22	1300 S. D	ivisim S	+ SAZ	ISBNNy Y
TO reta	23a. l	BURIAL, CREMATION, REMOVAL		NAME OF CEME	TERY OR CREMATORY	23d. LOCATION	COUNTY	/ /STATE
BP		BURIAL JNERAL DIRECTOR A	16/8/83	SUERE 12	E CEM	LIBERTYTUCE REC'D. BY REGISTRAN	IN NOR.	Ma
DHMH-16 25M (VRA 15, 4) 1/79		4mman A. B	ulazo ADDRESS	MILL	MIZIEN JUI	V 1 0 1983	John 2.1	3 A

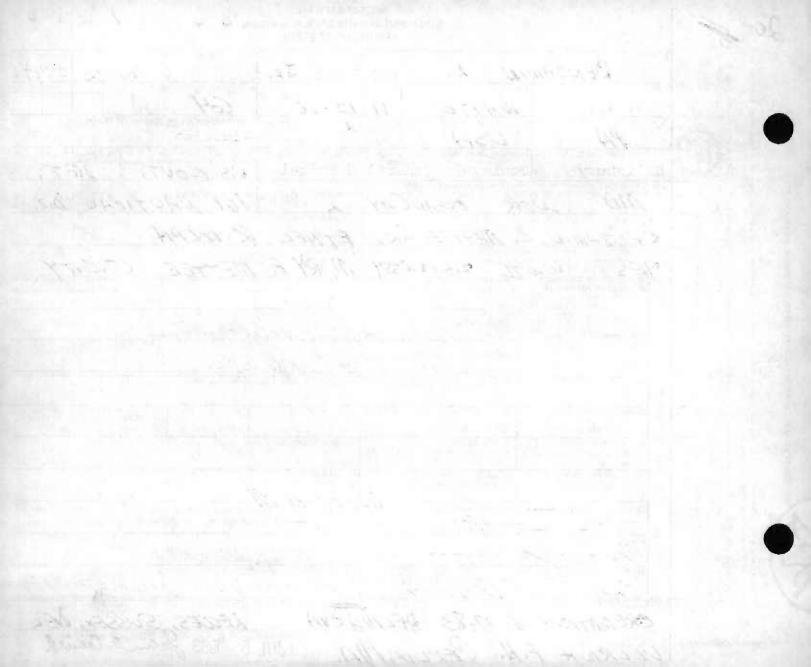
North June 5, 1983 ISOS A Print was with the said of the said was a said of the the state of the s ACMIN III WAS THE STATE OF THE All the second in the second i

3	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTI CERTIFICAT	AND MENTAL HY		. NO.	7 2	1 5
noy be pegge 3 r death		CEASED NAME FIRST (CORPRINT)	MIDD.	LE .	me Go	W AN	20. DATE OF DEATH			26. HOUR 230M
moy pegg	3. SE	Х	4. RACE	TE DELL'E	5. DATE OF BIRT	Н	6. AGE (IN YEARS LAS	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
arecto age		FEMALE	WHITE		01	17 1902	81	YRS.	NTHS DATS	HOURS MIN.
death. Page funeral direct thin 72 hars		RTHPLACE (STATE OR FOREIGN	U.S.A.	AT COUNTRY?	MARRIED WIDOWED	DIVORCED	Micom		FDEATH	MC
by the fun filed within natified at		alisbury	11. NAME OF HOS (IF NOT IN SUCH FAI Penins)	CILITY, GIVE STREET A	DDRESS)	ospital	126 USUAL OCCUP (TYPE OF WORK FOR MO Retired	ST OF WORKING LIFE	INDUSTRY	BUSINESS OR
hin 24 hau ly filled in should be rer must be	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CO MARYLAND WI	OR OTHER INSTITUTION, GIVE		ADMISSION)	ISIDE CITY LIMITS?	130. STREET ADDRES	ss ust Terra	ace 21	1801
2 sh	14. F	ATHER'S NAME	WIDDLE	LAST	15. M	OTHER'S MAIDEN NA	AME			
completely and 2 sh		JOHN	WILLIAM	DUNCAN		MARY VIE	RGINIA	OWNSEND	LAST	
ficate be execut hysician and co papers. Pages 1 loval.	160 \	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) [IF YES.	GIVE WAR OR DATES!	SOCIAL SECUR		FORMANT	ADI	DRESS 310	Locus	Terrac Md.
equires that the death ce n signed by the attending Then please remove carb r to burial, cremotion, ar injury, or other traumotic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS (c) T CONDITIONS CONT			ELATED TO THE TERM	MINAL DISEASE OR CO		IN PART 110	
bee mit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH (PERATION WAS	PERFORMED	200 AUTOPSY?	IN CERTIFY IN	WERE FINDIN	GS USED OF DEATH?
PHYSICIAN: The kending physician. this certificate has the burial-transit per did Mental Hygiene dar frem 18 shaws		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M.	JURY MONTH DA	Y YEAR	IOW INJURY OCCUR	RRED (ENTER NATURE OF I	JURY IN ITEM 18 PART	T 1 OR PART 2)	
DING PHYSIC or ottending After this cer is as the buria olth and Ment marked or ther	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF II (AT HOME, STREET, I	NJURY FACTORY, OFFICE, FA	RM, ETC }	OCATION STREET	CITY O	RIOWN	COUNTY	STATE
OR ATTENDING of the hospital or DIRECTOR: All oched for use of Dept. of Health fem 21 is may		220 I certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did	2-2	5 10 8	2- 3 , and that	25-, 19 <u>83</u> in (my) (our) apinion	death occurred on the	dote and hour a		hat (I) (we) last auses stated
A H H H H H H H H		22b. SIGNATURE	Jame	100	DEGRE ML	2 ATTENDING PHYSICIAN	MEDICAL S → DIRECTOR □ PHY	TAFF SICIAN [22c. DATES	183
TO HOSPITAL etoined by the TO FUNERAL should be determined with the Stote with the Stote MPORTANT:		22d. PHYSICIAN'S NAME USA		IFFOR	0 #1	ADDRESS 2MEDICAL	CENTER	SAKISBO	URY M	ne
BP		SURIAL, CREMATION, REMOVA	JULY 2,	1983 PA	ARSONS C	RY OR CREMATORY EMETERY	23d LOCATION SAPISE	URY WIE	ONTER	NA PYSAN
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	INERAL DIRECTOR HOLLOWAY FUNE	RAL HOME,	P.A. SA	LISBURY	MD 250. 90	TERE O. BY 1980	AR 250 REGISTRA	R'S SIGNATU	JRE

				7,118	5/21
	10	3761 /1	10	3717	FLAMBI
	opinopis Viconico	X		11	DHALLY RAVI
namil lasif	etired truc	Indicapit i		Ponine	expedading
	310 Locust		ARMESTT	00100014	OKADYSKA
SIL Locust Torr	WCT BIALS	SIV YELL	RADIUE	MALJIIV	THOL
	UR OTO "	iss erricia			011
. 20 . 10 21 10 6	UR OTO "	41017157 8811.			

THE LABOUR ALTERNAL HOLD, I.A. SALISSANY IN

20 5	1.	FOR STATE REGISTRAR	DE	STATE OF MAI PARTMENT OF HEALTH A CERTIFICATE O	ND MENTAL HYGIE	NE 8 3	172	1 6
4 may be tor, page 3 after death		CEASED NAME FIRST DENJAM	MIDDLE 1/A 4. RACE	METTE S. DATE OF BIRTH	E JA			
orth. Poge 4		MALE RTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COU	11-12	VED MANDDIED I	BALTIMORE CITY OR O	YRS. MONTHS DAYS	HOŪRS MIN.
ours offer de	Sa	AL RESIDENCE (IF NURSING HOMEOR TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	Peninsula (SURSING HOME OR OTHER ESTREET ADDRESS! General Hos	pital (TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF W		OF BUSINESS OR
MARYLAND 2 ed within 24 h mpletely filled ond 2 should excommer must		THER'S NAME	MIGDLE METTER	NC174 YES	DE CITY LIMITS? 13	PUDICPH	LITICAL	BR.
be execut on ond co	160.		MED FORCES? 16b. SOCIA	2-0554 MA	DRY F	ADDRESS METTEE	O.C.	74
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ratherding physician. Where this certificate has been signed by the attending physician and completely filled in the as the buriol-transit permit. Then please remove corban papers. Pages (and 2 should be fith and Mental Hygiene prior to burial, cremotian, ar removal. arked at them 18 shows ony injury, at ather troumotic event, the medical exampler must be accepted.	7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	ISEQUENCE OF INFORMATION	in tols I Infare ATED TO SHE TERMIN.	Ten AL DISEASE OR CONDIT	~	KIMATE INTERVAL ONSET AND DEATH
TAL RECORD The law requiction. The hos been single permit. The giene prior to shows ony injury	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATION WAS PE	ERFORMED		Ob. IF YES, WERE FIND! N CERTIFYING CAUSE: YES	
1510N OF VITAL PHYSICIAN: The thending physicion to this certificate has build-transit fond Mental Hygier ed or frem 18 show	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE ETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONT	H DAY YEAR 19 211 LOC		CITY OR TOWN	COUNTY	STATE
ATTEND or ospital and for use to a Heal		22a.l certify that (1) (this hospir	rtal) attended the deceased	/ /	(mg) (mg) apinibn ded	ath accurred an the date		that (me) last e causes stated
HOSPITAL med by th FUNERAL uld be dert on the State ORTANT:	-	221 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADI	PHYSICIAN [] [MEDICAL STAFF DIRECTOR PHYSICIA		n 0
Bb————————————————————————————————————		BURIAL, CREMATION, REMOVAL	23b. DATE 6-27-83	DELMAR	OR CREMATORY	23d. LOCATION LETTES	SUSSEX	DEL
DHMH - 16 50M 4/82 (VRA 15 4)	24. F	UNERAL DIRECTOR	I. W. BER	press Mn		5 1983	REGISTRAP'S SIONA	weld



	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 1	7217
moy be page 3	(TYPI	CEASED NAME OR PRINTS	N OF15	Morris	20. DATE OF DEATH MONTH	26. HOUR 2025 M
it a	/	nale	4. RACE BIACK	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MA
O de (M)	+	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑		MD.
s ofter	0	lisbury	(IF NOT IN SUCH FACILITY, GIVE STREE Peninsula Gen	eral Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE 12b. KIND OF BUSINESS OR
Filled in could be	USU 13a,	AL RESIDENCE (IF NURSING HOME STATE 13b. CO.)	OR OTHER INSTITUTION GIVE RESIDENCE BEFOUNTY 136 CITY OR TON	VIASO 136. INSIDE CITY LIMITS?	130. STREET ADDRESS 108 Chest Nu	+ RJ21830
E, MARYLA completely 1 1 and 2 sh	14. F/	ATHER'S NAME WAST WAST	MIDDLE MOLY	15. MOTHER'S MAIDEN NA	MIDOJE	Birckherre
IMORE,		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 1 IF YES, C		BOLGO MENTI	LL MORRIS	Add. Some As Abou
i W. PRESTON ST., BAL hot the deoth certificate by the attending physica osse remove corbonopopes of, cremotion, or removol.	1	PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY: ATE CAUSE (o) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ASIN PREMIER		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WATER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 201 on requires 11 on bas been signed t permit. Then plec tene prior to buriol ows ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	1A & Mers	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
SION OF VITAL PHYSICIAN: The ending physicio this certifician the certification that had mental Hygie d or them 18 sho	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
SI Fe the book	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING e hospitol or out MECTOR, After Inched for use os it Dept. of Health o		sow the deceased alive a	pital) ottended the deceosed from not) view the body after death.	ond that in (my) (our) opinion	deoth occurred on the date and his	, 190 , that (I) (we) lost our and from the causes stated
TAL OR A y the hos A the hos A detoched detoched tote Dept.		22b. SIGNATURE	t. 2 - 7 cm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	CITIES SIGNED
TO HOSPITAL retoined by the TO FUNERAL I Should be deto with the Stote I IMPORTANT: H		22d, PHYSICIAN'S NAME (TYPE	TE T TAN	220. ADDRESS /	iurside 171. So	Isbury fib.
BP	230.	BURIAL, CREMATION, REMOVA	1236. DATE 236. 6-18-83	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CRY PRIORIN HEDRON	Wico Md
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	JOLL EV	Men, Chapey	SALIS, MOL 150 PO	TE REC'D. BY REGISTRAR PROPEGI	STRAR'S SIGNATURE

G. Burning in their Pariet Engineers the state of spect. I would be story on store and another to the same of the

2	D	1.	FOR	DEPAR	STATE OF MARYLAND	AL HYGIENE 8 3	17218
2	at	1	STATE REGISTRAR		CERTIFICATE OF DEATH		
			CEASED MANE FIRST	WIDDLE	LAST		NONTH DAY YEAR 2b. HOUR
y be	page 3		CARRIE	M.	mumford	JUNE 4	1983 06:55m
300	fer o	3. SE	× /	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
960	ursa	4	EMALE	WHITE	8-3-189	73 89	YRS.
- E	PER SERVICE	/w.B	BTHPLACE ISSAN OFFICE ON	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIE	9. BALTIMORE CITY OR	COUNTY OF DEATH
oep		10.0	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NUM	WIDOWED DIVORCE		comico MD.
offer			_/	(IF NOT IN SUCH FACILITY, GIVE STR	EET ADDRESS)	(TYPE O WORK FOR MOST OF	WORKING LIFE) USTRY
120 aurs	be fill		AL RESIDENCE (IF NURSING HOME'O	IPeninsula Ge ROTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	1 1803 6761	FE VWNHOME
ND 2	illed suld k	11	MATE 13b. POU	NTY - 13t. CITY OB/C	30 YE YES NO [AITS? 130. STREET ADDRESS	Hour Il
YLA	d 2 sh	14. F	THER'S NAME		15. MOTHER'S MAID	EN NAME	BRSONS Horne
MARYLAND ed within 24	mpletely and 2 sh		/ EZ-	MIDDLE PURPLAST	Super	APAN MIDDLE	WALLAST NS
шì 5	Pages 1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRES	5 1 cmmul ble 11
BALTIMOR	s. Page		100 -	- 216-40	4114 dONN	B. PARSONS Hom	e. Salissam mel.
BAL	physician npapers. maval. vent, the		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per the for (a), (b),	and if	1000	APPRO AMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BAL	ng phys banpak remava			TE CAUSE (0) Theye	neve Alas	1 Janen	_
W. PRESTON ST or the death certi	endir n, ar matie		1-80	DUE TO, OR AS A CONSEC	DUENCE OF		
. PRES	mave natio		Conditions, if any, which gave rise to immediate	(b)			
1 W.	by th		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	UENCE OF		
20 es	ned plec purial y, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	DEATH OUT NOT RELATED TO TH	MINAL DE ASE OR CONDI	LENGIVET IN PART I am
ORDS	Then injury	NO.	MISIM	al Obstru	Won the	holeongoto	erony
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require other ording physician.	e prior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		70s. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TAL The	ite has nsit per giene shaws	RTIE	21g. ACCIDENT WAS UNDERLYING [THE OF BUILDING	100 1100 1100	YES NO	YES NO
PHYSICIAN: The	SOT 8		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2}
NS IVS IC	is certification burialist Mentalist ar Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211 LOCATION		
DIVISION O	as the 1th and arked o	AE	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFIC		CITY OF TOWN	N COUNTY STATE
a Zig	t: Aft se air ealth	10	22a I certify that (I) (this hasp	ital) attended the deceased from	5/26/83/ 19	10 6 10	19 5, that (I) (ve) lost
R ATTEN	for u of H		saw the deceased alive or above, (I) (we) (did) (did)	19 body after death.	82 and hat it (m) (our 6	pinion death accurred on the date	e and hour and from the causes stated
OR A	770 -		226. SIGNATURE	1110	DEGREE	/	22c. DATE SIGNED
TAL	RAL D detoc tote D		1	100	M. D. ATTEND	ING MEDICAL STAFF	IND 6-6-1985
OSPI	TO FUNERA should be de with the Stat		ZM PHYSICIAN'S NAME THE	LACAL	22e. ADDRESS	1.1.2 10	00) 010001
O HOSP	TO FUNERAL E should be deto with the State E AMPORTANT: If		0,0,0	אוי וטוט	15,DIV 0	A. SALIS bui	wy 110 21801
В		7.10.	URIAL, CREMATION, REMOVAL	6 100	NAME OF CEMETERY OR CREMAT	OR TOWN	COUNTY STATE
		24. FI	INERAL DIRECTOR	10NE 0, 1/83 1	Sockawackin Ch C	So. DAJE REC'D. BY REGISTRARIZE	DEGISTRAR'S SIGNATURE
	- 16 50M 4/82 /RA 15, 4)	K	SPER BISTON	res Alsan	mel	JUN 8 1983	John & Court
		1					

China will be because Bushing Oblant of an or Markey sugarry 18/ 3/69/34E/8/3 The state of the s Will black to start and a district

E. Kent Conney A.P. 37 Medical Confer Solisbury Maryland Constitution of the state of th

	1			MANUALIAND	8 ")	170	0 0
	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	7	1/2	2 0
		CEASED NAME FIRST	MIDDLE	LASTO /	REG. NO	O. MONTH DAY YEAR	2b. HOUR
ay be age 3 feath		Madel	/n	PALMER	·	5-1-83	1:40Pm
stor, po after c	3 SE	Parale	Black	5 DATE OF BIRTH MONTH DAY YEAR 17 - 17 - 35	4 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 74 HRS
in. Pag		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		COUNTY OF DEATH	
er death	1	ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Wicomico		MD.
urs after		Salisbury	IF NOT BY SUCH FACILITY, GIVE STREET A		12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF		F BUSINESS OR
124 ho	USU 13a	AL RESIDENCE IN NURS OF COURS	4	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	DFD.	gggg
should should	14. E.	ATHER'S NAME	omack Wallsin	13. MOTHER'S MAIDEN NA		No. Or	1111
and 2	14	william	Palmer LAST	Rowe	MIDDLE	TUII	
and co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GIV	EWAR OR DATES) 229-38	-6331 Sylvact	H CALLAD DA	55 6525 A	1.20 5
ers. P. vent			nly ane cause per line for (a), (b), and	(0)	IOVARI	AT APPROXI	MATE INTERVAL DISET AND DEATH
ng phy on pap r remo			TE CAUSE (a)	- Clean	- (CARCI	UOMA	
the attending phore carbon pa emation, or rem other traumatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF			
signed by n please re burial, cr injury, or		underlying cause last	(c)				
5 t >	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1(c	11
e has bee ermit. Then prior shows an	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN IN CERTIFYING CAUSES	OF DEATH?
18 y 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	E E	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	YES NO	YES TEM 18, PART 1 OR PART 2)	NO 🗌
this certifi urial-trans Mental H d or Item		OR CONTRIBUTING CAUSE OF DE		Y YEAR			
After this s the buri	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
S CO CO			ital) attended the deceased from	10 El	10 1/11/2	2 10 83	that (I) (we) last
for use of He em 21			Vure 2 19	and that in (my) (aur) apinion o	death accurred an the da		
OIR Shed Oept	(27% SIGNA URE 1 5	100	DEGREE ATTENDING	/ MEDICAL _ STAF	. /	SIGNED 3
FUNERAL ald be detach the State ORTANT:	-	228. PHYSICIAN'S NAME (TYPE O	A PRINT	PHYSICIAN 2	DIRECTOR PHYSIC		1/80
TO FUNERAL should be detact with the State (IMPORTANT:		DAVID E.C	one 11, M.D.	1300.5	MD A	1801	
G = 8 3 21	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C/ SOJINTY	STATE
39	24. F	130VIGI UNERAL DIRECTOR	6-7-83 R	TENESHIP 1254 DATE	REC'D. BY REGISTRAN	SE REGISTRAR'S SIGNAT	ell va
DHMH-16 25M VRA 15, 4) 1/79	1	NAME TO LIGHT	ADDRESS ADDRESS	- 1/G , JUN	1 0 1983	ohn of take	ill

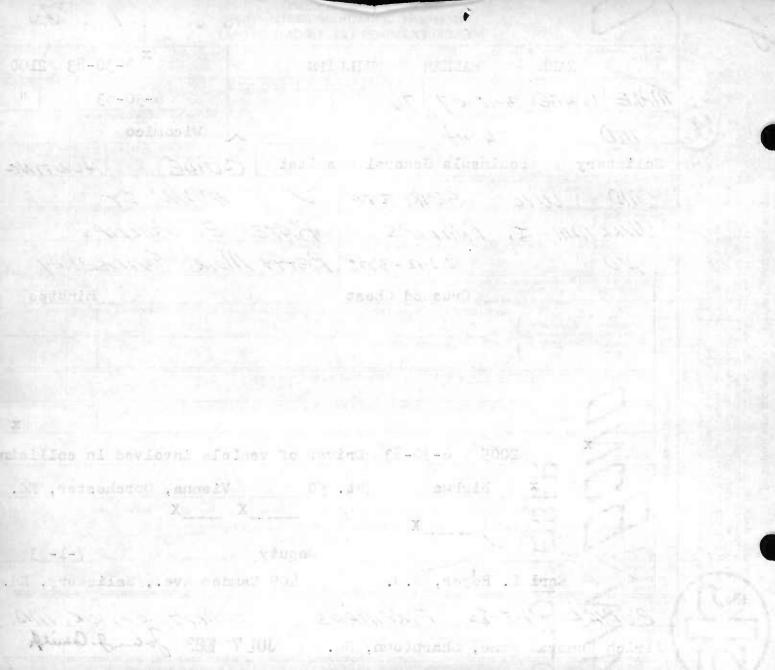
Family Block Harrist 48 ampertor porching Va Voccoment whethered in R.F. D. William Pulmer Rowshit Himon Phillippes Berial 6-7-83 Friendskir Watts Wie Umeral in Kinth which - Reconnection - 100 1 0 1983 Jan & Chair .

3	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH		17221
nay be page 3 death	(TYPE		rvill 8	P.	P	CONTROL (PARKS)	June	4,1983 1630 M
tor, after	3 SE	Male	4 RACE	nite	July		6 AGE (IN YEARS LAST BIRT	HOAY) # UNDER 1 YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
and directory of the contract		RTHPLACE (STATE OR FOREIGN DUNTRY) Virginia		WHAT COUNTRY?	MARRIE	DI NEVER MARRIED M	Nicomico	R COUNTY OF DEATH
by the ced within		ry or fown of DEATH Salisbury	11 NAME OF	HOSPITAL, NURSII CH FACILITY, GIVE STREET	NG HOME C	ROTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Crewman	ON 126. KIND OF BUSINESS OR
filled in uld be fill	USU/ 13e S	AL RESIDENCE (# NURSING HOSTATE	ME OR OTHER INSTITUTION COUNTY COMMERCE	130 CITY OR TOV Tangi	E ADMISSION)	13d INSIDE CITY LIMITS? YES 🖾 NO 🗌	130 STREET ADDRESS	- (23440) 99999
executed within executed within a completely fill s 1 and 2 should remediately are the standard of the standar	14 FA	Andrew	Colbourn	Park	s	15 MOTHER'S MAIDEN NA FIRST Donna	ME Cather	rine Evans
icate be exected and consisting and consistency and consistenc	. (S. ARMED FORCES? S, GIVE WAR OR DATES)	213-20		Nola M. Croc	270700 kett-Baltim	reston Rd. ore, Md. 21222
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic even, the medical eleganmen must	NO	Canditions, if any, white gave rise to immedia cause 101, stating the underlying cause later	th (b)	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	COLOA	DITION GIVEN IN PART 1(a)
At RECOI	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
ON OF VITAL ON OF VITAL ON OF VITAL ON OP PHYSICIAN: This certificate unial-transit per Mental Hygial d or Item 18 si	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXALE)	OF DEATH HOUR A	.M. MONTH D M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
DIVISION (Itending I After this s the buri th and Mi marked o	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2 . 0	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.	211 LOCATION STREET	CITY OR TOW	VN COUNTY STATE
IOSPITAL CHI ATTEN		226 certify that (I) (this saw the deceased all above, (I) (we) (did)	ve on 6 - 4 rid nat) view the bady TYPE OR PRINT)	after death.	63 . an	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	, 10	IAN D G . 4.63
DHMH-16 25M (VRA 15, 4) 1/79	1	urial cremation, remo Burial UNERAL DIRECTOR NAME Bradshaw &	6/7/	1-	wain C	thurch Cemeter	234 LOCATION CITY OF TOWN Tangier FREC'D. BY REGISTRAR N 8 1082	COUNTY STATE ACCOMACK Va. 751. REGISTRAR'S SIGNATURE

CEMES) & CEMES after in wing a series nativo, ned likeban nativo de la contra (SENEE) - - - - x raine donnood attract now, only a soul soul newoffer and . A formore that the benefit out the profit of the

6 % . V	1 2 8 1	THE RESERVE OF THE STATE OF THE		
2000	Jane 25, 131	Possods		
		Life?		
. Toll early is			and the second	
	Su paudo		in Cala beamon	K MARY A
		Toyth En	vedoratio	Alberta - Albert
	may Edem	mbA store		
			Consequence , still	TATALAN AND AND AND AND AND AND AND AND AND A
	Excise Cul		7-1-5	
	2 3 1 1		C Bing (Juliahus)	som-Invant

/							OF MARY			- 1	9 10	2 0 0	
7	1-	FOR STATE REGISTRAR						D MENTAL I	OF DEAT		REG. NO.	La da	S
22 5. 23 25 F.		EASED NAME	EARL	WA	LKER	PH	ILLIF	PS	2a.	DATE KNO OF ES DEATH MA	WN X MON	30-83	2100 _M
RY, PLEASI DIRECTOR OUR FILES THEOURS	3. SEX	ALE "	WAME	5 DATE OF BIRTH	YEAR	AGE (IN YEARS LAST BIRTHOAY)	IF UNDER	YR. IF UNDER		DATE ONOUNCED DEAD	6-30-	83 19	AR 2d HOUR
FOR YOUR THE		RTHPLACE (STA	TE OR	7b. CITIZEN OF WH	A COUNTR	Y? 8.	MARRIED [NEVER MARR	RIED 7.1		CITY OR COL	JNTY OF DEATH	
LAY IS NO THE FL		alisbu		Peninsu	PITAL, NURSI	ng HOME, C	Hosp	stitution oital	12a. USUAL FOR MOS	OCCUPATION OF WORKING	ON (TYPE OF WO	RK 12b KIND OF OR INDU	
21201 ANY DE AND 3 TO RETAIL POINTE	USU A 13a S		FIN NURSING HOME OF	OTHER INSTITUTION, GIV	E RESIDENCE BEF	ORE ADMISSION	13d II	NSIDE CITY HARITS?	13e STREET	ADDRASS	V S	- 21	861
ES 1, 2, PM 3. ND 2	14. FA	THER'S NAME	iam	MIDDLE P	//// IAS	25	15 N	AOTHER'S MAID	EN NAME	MIDDLE	01111	LAST	
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. PAGES IND 2. WISION OF WITH	16a. V	AS DECEASED S. NO, OR UNKNOW	EVER IN U.S. ARM	AED FORCES? VAR OR DATES)		L SECURITY N		SE	Mis	Al	SAL	KRIN	04
W. PRESTON ST., WITHIN 24 HOUR ENCIL IN ITEM 18. MINER ALONG W THANS ITEM ITEM ITEM ITEM ITEM ITEM ITEM ITEM	>	PARTIDEA 8/9 Canditions gave rise	IMMEDIATI , if ony, which to immediate tating the under-	y one couse per line BY: C CAUSE (o) DUE TO, OR DUE TO, OR	rushe as a conse	d Che	st						ATE INTERVAL USET AND DEATH COS
L RECORDS, 201 UID BE EXECUTEI "PENDING" IN 1 F MEDICAL EXA ED AS A BURIAL HEALTH AND MA IL CREMATION,	Z	PART 2 OTHER SIGN	HIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINA	L OISEASE OR (D	INDITION GIVEN IN PA	ART 1 (a)				
TAL RECCHOULD BE RD "PEND HE MED "PEND MED AS OF HEALT RIAL CREAT	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR WH	HICH OPERAT	ION WAS PE	RFORMED?				20 AUTOP	
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" RRED TO THE CHIEF MEDICAL EN SHOULD BE USED AS A BURE TO BE WIND SE USED AS A BURE TO BURALL CREMATING THE SHOULD BURE TO BURALL.		21a. EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR G CAUSE OF D		MONTH 0	AY BYEAR	Drive						
DIVISI THIS CERT WARDED WARDED THE DEP	MEDICAL	21d INJURY OF WHILE AT WORK	CURRED NOT WHILE AT WORK	21e PLACE C STREET, FACTO hig	PENJURY (ORY, FARM, ETC.) hway	AT HOME,	Rt. 5	50		enna	Dore	county hester	, Md.
MICAL EXAMINER: SHOULD BE FOR IERAL DIRECTOR PRESENT ORE. FEATH WITH THE PORE. ORE.		deoth resulted	I from: Notice	14	Accident	O, Suici		Hamicide	Undeterm	Inquiry X	DA SIG	TE 7-1	
A SECULAR	23a BI		ON, REMOVAL 23	L. Roy			ADDR		Camde		e., Sa	lisbur	y, Md.
BP DHMH - 17 (VR A15 ME (5))		DOKO INERAL DIRECT Irich		Home,	Sharp	town,	Md.	25a. DATE		GISTRAR 25 1983	John John	S SIGNATURE	if



2	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 3	7 2 2 4
may be		CEASED NAME A FIRST CORPRINT)	MIDDLE HARDIN	9 Potts As date of birth		DAY YEAR 28. HOUR 23 83 530 AM IF UNDER 1 YEAR IF UNDER 24 HRS
r once.	7a B	MALE RTHPLACE (STATE OR FOREIGN	white The Country	11 30 185	- 1 BALTIMORE CITY OF COUNTY	MONTHS DAYS HOURS MIN.
munera in 72	1 m	PARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wieumico	WC
hours after in by the filed with nust be no		Salis bury	WICOM CO	ursing Home	120 USUAL OCCUPATION ITYPE OF WORK FOR WORKING LE	176 KIND OF BUSINESS OR INDUSTRY
thin 24 h	N	AryLAND WIC	4	YES P NO	801 11/1	nore 218
completel 1 and 2 sh		Bud to	Rd Polasti	15 MOTHER'S MAIDER	NKNOWN	tast
te be exe		VAS DECEASED EVER IN U.S. AR YES, NOORUNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SECTION 214-10-	8633 Ruth M	1. Potts See S	
that the death certifica w the attending physic r remove carbon papers cremation, or removal or other traumatic ever		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU	PULLIONARY P ENCE OF LOSCUE POTZE	treest. GEART DUENSE	APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH MINUTES VEARS
3.1AN: The law requires cian. ificate has been signed if not permit. Then pleass Hygiene prior to burial m 18 shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT	ST COLON	Clostell CTI on HOPERATION WAS PERFORMED	INCERTIF	EN IN PART I (a) , WERE FINDINGS USED YING CAUSES OF DEATH? S NO NO
ING PHYSIC anding physic fter this cert the burial-tra and Mental arked or Iter	MEDICAL CEN	71R. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTE'S MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE ATWORK ATWORK ATWORK ATWORK	THOUSE A ME MONITH O	19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2) COUNTY STATE
hospital or ar DIRECTOR: hed for use as Dept. of Heal if Item 21 is		saw the deceased alive on	tal) attended the deceased from 2 2 2 9 19 19 19 19 19 19 19 19 19 19 19 19 1	DEGREE	nion death occurred an the date and hou	19.83_, that (I) (we) lost r and from the couses stated 176. DATE SIGNED
TO HOSPITAL TO FUNERAL Is should be detach with the State DIMPORTANT: I	730	27d. PHYSICIAN'S NAME (TYPE O	n A BANETROVICE	+ PINEBL	UFFRD. SALIS	bury, mo
BP		BURIAL CREMATION, REMOVAL	6/25/1983 3	Pringhil Mem	Ads HEBron. W	COUNTY MO
DHMH-16 25M (VRA 15, 4) 1/79	B	elser + Bou	nde Solis	bury End 250	JUN 27 1983	RAR'S SIGN TURELLA

THE PRINCE OF TH MALE White 11 30 1878 84 U.S.A Langue one-brain nablad banital Maryland wicomia salisting v 807 Fillmore 21601 Bud FORD POTTS UNKNOWN NO -- 214-10-8433 Patts, M. POTTS See Sec. 13. AMEN'S DESCRIPTION OF THE PARTY 6881-48-3 E-84-1983 Die Frankersonen Bine Bluffe Roll Salis Burn, Mil BuriAL 6/15/1963 Sonwahill Hemple Hebrow, Wich Alb Botsen + Bounds Scholmer, Such Till Co 185 1

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

WITCOMICO COINTY 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 514 E. Ishella Street Nibblett Isbella Street 212-18-6689 Dorothy Bennett Salisbury, Md. APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated Burial 6/16/83 Salem Meth. Cem. Pocomoke Worcester Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251-REGISTRAR'S SIGNATURE Pocomoke City. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

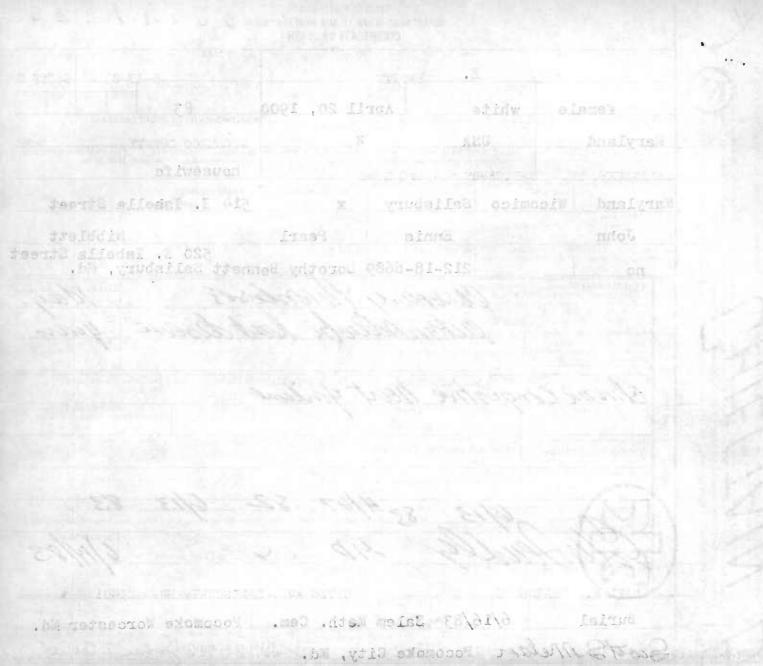
CERTIFICATE OF DEATH

REG. NO

26 HOUR

IF UNDER I YEAR

8.20D M



The state of the s and the same of th (Amiles) - - - - - y refine to the first contract. - Carden factions and the tree could Portable Linear The terms of the t A or or a second contract of the second contract of the The same of the same of the same of the same

	11.	FOR STATE REGISTRAR					HEALTH AND MENTA		REG. N	10.		
		CEASED NAME	FIRST		MIDDLE		LAST	20	DATE OF DEATH	MONTH	DAY YEAR	2b. HO
	-		Major		Showel	1 P	URNELL			une 1	9 1983	2.11
25	3. SE	X	4	4. RACE		5. DATE	OF BIRTH		AGE (IN YEARS LAST B	RTHD AY)	IF UNDER I YE	
100		ALE		NEG	RO	1			38	YRS.		
M		RTHPLACE (STATE OR FO	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIE	FD 9.1	BALTIMORE CITY	OR COUNT	Y OF DEATH	
-	Ве	rlin, Md.		U.	S.A.	WIDOW			Wicc	mi.co		
De	10. C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN		OR OTHER INSTITUTIO		USUAL OCCUPATE OF WORK FOR MOST			OF BUSIN
VI	1	Salisbury	1		Head Ce				laborer	OF WORKING D		ester
400	USU 30	AL RESIDENCE (IF NURSIF	NG HOME OR C	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	1134. INSIDE CITY LIM	AITC2 112-	STREET ADDRESS			
Bro		ryland	Worce		Berlin	73//	YES NO	_	oute #2,	Boy 3	03	21811
40	- Brown	THER'S NAME					15. MOTHER'S MAID			DUA		
24	T	homas	M	NIDDLE	Purnel	11	Ida FIRST		WIDDLE			ISSEV
80	16a \	VAS DECEASED EVER			16b. SOCIAL SECL		17 INFORMANT		ADD	ESS	Mo	ssey
1/		YES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	219-42-8	2211	Julia L.	Durno	2.2		9-7-1	
motic event, the		5 113	AS CAUSED IMMEDIATE	CAUSE (0)		ad (cs.)	mid,	lur	eII sa	ime as	above Appr BETWE	
ws ony injury, or other troumotic ev	IFICATION	PART I. DEATH W. 5 715 Conditions, if ony, gove rise to imm cause (o), stofing underlying cause	which nediote g the lost.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUER AS A CONSEQUERA A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER AS A C	PENCE OF	NOT RELATED TO TH	HE TERMINA	L DISEASE OR COP 200 AUTOPSY?	20b. IF YE	APPR BETWE VEN IN PART	DINGS USE
ws ony injury, or other troumotic ev	ERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storing underlying couse PART 2. OTHER SIGN	which lediote gother lost.	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH	DEATH BUT	NOT RELATED TO TH	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO SX	20b. IF YE	VEN IN PART	OXIMATE INTO EN ONSET AN DINGS USES ES OF DEA NO
18 shows ony injury, or other troumotic e	AL CERTIFICATION	PART I. DEATH W/ 5 715 Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN 190. DATE OF OPERAT 210. ACCIDENT WAS UNDER OR CONTRIBUTING C.	which lediote g the lost. IIFICANT CO	DUE TO, OI DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 21b. TIME O HOUR AA	R AS A CONSEQUE PONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D	MENCE OF DEATH BUT OPERATION AY YEAR	NOT RELATED TO TH	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO SX	20b. IF YE	VEN IN PART	OXIMATE INTO EN ONSET AN DINGS USES ES OF DEA NO
or Hem. 18 shows ony injury, or other froumotic es		PART I. DEATH W. 5 715 Conditions, if ony, gove rise to imm couse (o), storing underlying couse PART 2. OTHER SIGN 190 DATE OF OPERAT	AS CAUSED IMMEDIATE which lediote g the lost. INFICANT CO ION ERLYING AUSE OF DEAT AL EXAMINER)	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC	Inne for 101, (b), on R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D M.	DEATH BUT	NOT RELATED TO THE	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO SA (ENTERNATURE OF IN)	20b. IF YE IN CERTI YURY IN ITEM 18	VEN IN PART S, WERE FINI FYING CAUS ES PART I OR PART 2	OXIMATE INT PN ONSEL AN PLOUSE LAN DINGS USI ES OF DE A NO
or Hem. 18 shows ony injury, or other troumotic e	MEDICAL CERTIFICATION	PART I. DEATH W/ 5 / 715 Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING C. (IF EITHER, NOTIFY MEDIC.) 21d. INJURY OCCURR	which hediote g the lost. INFICANT CO	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 21b. TIME O HOUR A.I 21b. PLACE	Inne for 101, (b), on R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D M.	ENCE OF DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO SX	20b. IF YE IN CERTI YURY IN ITEM 18	VEN IN PART	OXIMATE INTO EN ONSET AN DINGS USES ES OF DEA NO
or Hem. 18 shows ony injury, or other troumotic e		PART I. DEATH W/ 5 715 Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDID OR CONTRIBUTING C. C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURRING L. ALL WORK L. NOT WHILE AT WORK L. ALL	which nediote g the lost. UIFICANT CO	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 21b. TIME O HOUR A.I 21b. PLACE (1AT HOME, STR	Inne for 101, (b), on R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH F INJURY M. MONTH D M. DF INJURY BET, FACTORY, OFFICE.	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.)	NOT RELATED TO THE	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO (SATER NATURE OF IN) CITY OR T	20k IF YE IN CERTI Y JRY IN ITEM 18	VEN IN PART S, WERE FINI FYING CAUS ES PART I OR PART 2	DINGS US:
or Hem. 18 shows ony injury, or other froumotic es		PART I. DEATH W/ 5 715 Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERAT 21a. ACCIDENT WAS UNDION OR CONTRIBUTING COURT OF COU	which lediote g the lost. IIFICANT CO ION ERLYING AUSE OF DEAT LAL EXAMINER) IED ILE CO (this hospited do live on a company to the lost of the lediote	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I. 21c. PLACE (IAI MOME. STR	Iline for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH F INJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19 19	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.)	NOT RELATED TO THE ON WAS PERFORMED 21c. HOW INJURY CO. STREET.	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO (SMITTER NATURE OF IN) CITY OR T.	20b. IF YE IN CERTI YUN TEM 18	VEN IN PART S, WERE FINI FYING CAUS ES PART I OR PART 2 COUNTY	DINGS USI
or Hem. 18 shows ony injury, or other troumotic e		PART I. DEATH W/ 5 715 Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDID OR CONTRIBUTING C. C. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURRING L. ALL WORK L. NOT WHILE AT WORK L. ALL	which lediote g the lost. IIFICANT CO ION ERLYING AUSE OF DEAT LAL EXAMINER) IED ILE CO (this hospited do live on a company to the lost of the lediote	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I. 21c. PLACE (IAI MOME. STR	Iline for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH F INJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19 19	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.)	NOT RELATED TO THE ON WAS PERFORMED 21t. HOW INJURY CO. 21t. LOCATION STREET , 19 and that in (my) (our) o	HE TERMINA	L DISEASE OR CON 200 AUTOPSY? YES NO (SMITTER NATURE OF IN) CITY OR T.	20b. IF YE IN CERTI YUN TEM 18	S, WERE FINI S, WERE FINI FYING CAUS ES COUNTY 19 ur and from t	DINGS USE NO
If Nem 21 is marked ar Nem 18 shows any injury, or other traumatic es		PART I. DEATH W/ 5 715 Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC) 21d. INJURY OCCURR WHILE NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 220.1 certify that (I) (i) sow the decease obove, (i) (we) (i)	which lediote g the lost. IIFICANT CO ION ERLYING AUSE OF DEAT LAL EXAMINER) IED ILE CO (this hospited do live on a company to the lost of the lediote see the lediote s	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I. 21c. PLACE (IAI MOME. STR	Iline for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH F INJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19 19	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.)	NOT RELATED TO THE ON WAS PERFORMED 21t. HOW INJURY CO. 21t. LOCATION STREET 19— nd that in (my) (our) on DEGREE	HE TERMINA DOCCURRED Opinion deof	L DISEASE OR CON 200 AUTOPSY? YES NO (ENTERNATURE OF IN) CITY OR T.	20k IF YE IN CERTI Y Y IN ITEM 18	S, WERE FINI S, WERE FINI FYING CAUS ES COUNTY 19 ur and from t	DINGS USE NO
VI. If them 21 is marked or them 18 shows any injury, or other traumatic ex		PART I. DEATH W/ 5 715 Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDER OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC) 21d. INJURY OCCURR WHILE NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOTIFY MEDIC 220.1 certify that (I) (i) sow the decease obove, (i) (we) (i)	which hediote g the lost. INFICANT CO ION ERLYING	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 19b. CONDI 19b. CONDI 19b. CONDI 11b. TIME O HOUR A.I. P.I. 21e. PLACE (IAT HOME, STR	Iline for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH F INJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, 19 19	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.)	NOT RELATED TO THE ON WAS PERFORMED 21t. HOW INJURY CO. 21t. LOCATION STREET 19— nd that in (my) (our) on DEGREE	HE TERMINA DOCCURRED Opinion deof	L DISEASE OR CON 200 AUTOPSY? YES NO (SMITTER NATURE OF IN) CITY OR T.	20k IF YE IN CERTI Y Y IN ITEM 18	S, WERE FINI S, WERE FINI FYING CAUS ES COUNTY 19 ur and from t	DINGS USIES OF DEAN NO
VI. If them 21 is marked or them 18 shows any injury, or other traumatic ex		PART I. DEATH W. 5 715 Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDID OR CONTRIBUTING C. C. (IF EITHER NOTIFY MEDICAL TWORK AT WORK AT WORK AT WORK AT WORK AT WORK 22a. I certify that (I) (sow the deceose obove, (I) (we) (di 22b. SIGNATURE 22d. PHYSICIAN'S NA.	which rediote by the lost.	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c) 19b. CONDITIONS CC 19b.	Inne for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, I ofter deoth.	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC.)	NOT RELATED TO THE ON WAS PERFORMED 21t. HOW INJURY CO 21t. LOCATION STREET , 19 and that in (my) (our) o DEGREE ATTEND PHYSIC 22e. ADDRESS	DETERMINA DETERMINA DE TERMINA DE	AEDICAL PHYSI	20k IF YE IN CERTI Y Y IN ITEM 18 DWN	S, WERE FINI S, WERE FINI FYING CAUS ES COUNTY 19 1720 DA	DINGS USE NO
VI. If them 21 is marked or them 18 shows any injury, or other traumatic ex	MEDICAL	PART I. DEATH W. 5 715 Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDID OR CONTRIBUTING C.	which rediote by the lost. INFICANT CO ION ERLYING AUSE OF DEAT (AL EXAMINER) IED ILE (this hospital do live on id) (did not) ME (TYPE OR	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC 19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I 21b. PLACE (AT HOME, STR (view the body) PRINT) Chings.	Inne for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH F INJURY MONTH D M. OF INJURY et deceosed from ofter deoth.	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM.EIC)	NOT RELATED TO THE ON WAS PERFORMED 21t. HOW INJURY CO 21t. LOCATION STREET 21t. LOCATION STREET ATTEND PHYSIC 22e. ADDRESS Deer's He	DETERMINA	AEDICAL PHYSI	20k IF YE IN CERTI Y Y IN ITEM 18	S, WERE FINI S, WERE FINI FYING CAUS ES COUNTY 19 1720 DA	DINGS USEES OF DEA NO [
If Nem 21 is marked ar Nem 18 shows any injury, or other traumatic es	WEDICAL WEDICAL	PART I. DEATH W. 5 715 Conditions, if ony, gove rise to imm couse (o), stofing underlying couse PART 2. OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDID OR CONTRIBUTING C. C. (IF EITHER NOTIFY MEDICAL TWORK AT WORK AT WORK AT WORK AT WORK AT WORK 22a. I certify that (I) (sow the deceose obove, (I) (we) (di 22b. SIGNATURE 22d. PHYSICIAN'S NA.	which rediote g the lost. INFICANT CO ION ERLYING AUSE OF DEAT ALL EXAMINER) IED ILE OH CHILD (did not) ME (TYPE OR REMOVAL	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c) 19b. CONDITIONS CC 19b.	Inne for 101, (b), on R AS A CONSEQU R AS A CONSEQU DITRIBUTING TO TION FOR WHICH FINJURY M. MONTH D M. DF INJURY EET, FACTORY, OFFICE, I Offer deoth. M.D. 23c. 1	ENCE OF ENCE OF OPERATIO AY YEAR 19 FARM. ETC.)	NOT RELATED TO THE ON WAS PERFORMED 21t. HOW INJURY CO 21t. LOCATION STREET , 19 and that in (my) (our) o DEGREE ATTEND PHYSIC 22e. ADDRESS	DECCURRED DESIGNATION OF THE TERMINA	AEDICAL PHYSI	20k IF YE IN CERTI Y Y IN ITEM 18 DWN	S, WERE FINI S, WERE FINI FYING CAUS ES COUNTY 19 1720 DA	DINGS USE ES OF DEA NO [1] the couses si

(+ · · · · · · · · · · · · · Portugued tomo in the property of the state of the s William Taling will be also Report a million and grant of a Notice terminal damped to be a lot

X	1.	FOR - STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO	17	2 2 8	
e 8 =		CEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
age deor		Ara	D.	RH	ED	Jı	ine 14	1983 3:40 A	M
e d'	3. SE	X	4. RACE	5. DATE O		6. AGE JIN YEARS LAST BIRT	(HDAY) IF UND	DER I YEAR IF UNDER 24 HR	
Poge 4	_	emale	White	Sept	3/ 1003	80	YRS.	DATS HOURS MIN	4.
deoth. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? B. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Wildomico	R COUNTY OF D		MD
s after d by the t iled with	10. C	Salisbury	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Deer's Head	T ADDRESS)		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		KIND OF BUSINESS CODUSTRY	R
hin 24 hour ly filled in best should be f	130	AL RESIDENCE (IF NURSING HOME OR STATE 13 COUN MAINIA ACCOUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS North Main	Street	19999	
ompletely ond 2 s		Elijah Bl	MIDDLE LAST		15. MOTHER'S MAIDEN NA Annie +	dylotte		LAST	
on ond c		YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC E WAR OR DATES) 226-30-	2867	James Dellaro	o Pocomoke		and	ĺ
ires that the death certificate by and by the ottending physicion in please remove carbon papers. burial, cremation, or removal.		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	ly one couse per line for (a), (b), o D BY: E CAUSE (o) VILLY CO - DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	JENCE OF	nol - Yecho			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I (0)	
The law required in the has been signed in the has been signed in the following the prior to shows ony injury	CERTIFICATION	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?	
PHYSICIAN: The ending physicio this certificate the burial-transit and Mental Hygie d or frem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18, PART I O	R PART 2)	
NG PHY ottendii fter this os the bu th and M	WED	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	, FARM, ETC)	211. LOCATION STREET	CITY OR TO	WN CC	OUNTY STATE	
ATTENDI spital or CTOR: A Ifar use af Heoli			tol) attended the deceased from,	\$3, on	that in (my) (sur) opinion	death occurred on the do	ote and hour and	from the causes stated	ost
TAL OR ANY the howy the hoderochec tote Dept tote Dept		22b. SIGNATURE	2 - 1	way	ATTENDING PHYSICIAN	MEDICAL STAF	F ~	2. DATE SIGNED	
TO HOSPITAL retoined by to TO FUNERAL should be del with the Stote IMPORTANT:		22d PHYSICIAN'S NAME TYPE O	Hwang, M.D.		22. ADDRESS Deer's Head	Center, Sal	lisbury.	Md. 21801	
BP	230.	BURIAL, CREMATION, REMOVAL Burial	236. DATE 23c	name of ce	METERY OR CREMATORY Cemetery	Chirton town te		rginia STATE	
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	1 Chimeo	teaque	Virginia 1	E REC'D. BY REGISTRAIN	NEGSTRAR'S	SIGNATURE	

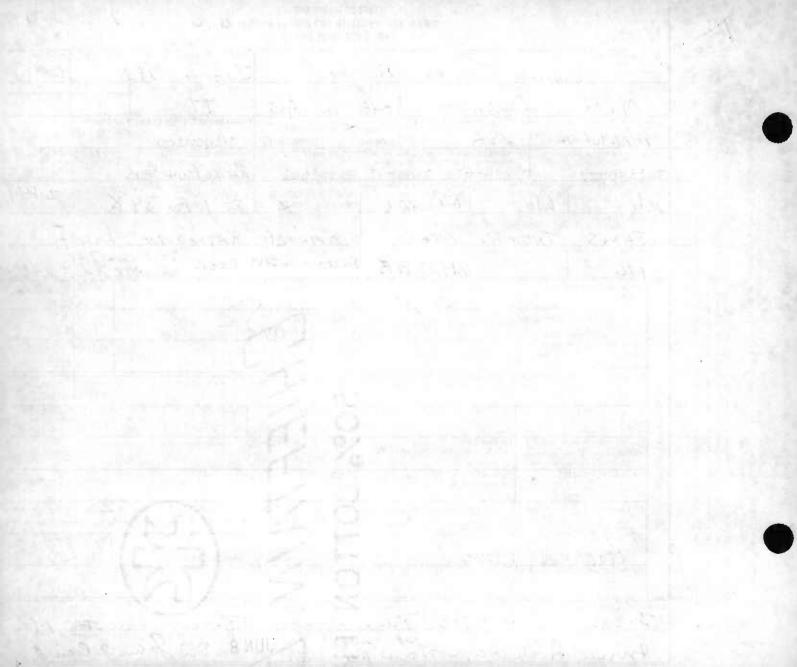
10000					
ode Color of all produces					
					Same?
out ont.			JE 10 pm	160	Marie
		estar na	41-21-2001_		L mas
Start No. 1991	X	San 12.1			stante.
				SEAN NO.	
en Thromas, marchin etc.		772-1			
		4			
	- -				
g tourses, and some, no. 2100	新生物。		a a e	FC 51.0	
ريداء إعراق المادلاة			hann Annal		

3 1	1.	FOR - STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 1 .	7 2 2 9 2055 cpcm
(M)		CEASED NAME FIRST OR PRINTS MARY	MIDDLE V	Roberts 15. DATE OF BIRTH	June 3, 1983	Y YEAR 26. HOUR 5
redo 4m		female	black	July 06, 1908 YEAR	74 YRS.	ONTHS DAYS HOURS MIN.
To a 722 ho	B	IRTHPLACE (STATE OR FOREIGN COUNTRY) ARN VILLE S.C.	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED		OF DEATH MD.
of the full field with		ITY OR TOWN OF DEATH	(JE NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) Center, Salisbury, M	120. USUAL OCCUPATION (TYPE QE WORK FOR MOST OF WORK ING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
AND 212	13a.			13d INSIDE CITY LIMITS?	13e STREET ADDRESS R+#2 Box 3	11801
completely I and 2 sh	(1)	ATHER'S NAME FIRST MAJOR	MIDDLE LAS	SON CATHE	RINE BELL	LINGER
be executor on ond control on one one one one one one one one one		MAS DECÉASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	ve war or oates) 213-2	2-3491 EVELYNU	ALLACE AND	SAME AS
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within a hibrary rather in certificate has been signed by the attending physician and completely filled in by os the burial-transit permit. Then please remove corbonappers. Pages 1 and 2 shauld be find and Mental Hygiene prior to burial, cremotion, or removal. orked or them 18 shows any injury, or other troumatic event, the medical exeminer.		PART 1. DEATH WAS CAUS 4292 IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b)		MINAL DISEASE OR CONDITION GIVE	N IN PARI 1 to
TAL RECORDS, The low requir cion. Set hos been sig sit permit. Then glien prior to b shows any injury	CERTIFICATION	190 DATE OF OPERATION	CVA	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physicion this certificate h had beviol Hygies d or Item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19 ZII. LOCATION		All Library
ENDING PH of or often th ose os the Health and is marked a	ME	WHILE NOT WHILE AT WORK 22a 1 certify that (this hosp	T 0	from March 29 19 8	, 10	COUNTY STATE 9 83 , that (M(we) last
AL OR ATTE the hospit AL DIRECTO eroched for the Dept. of T: If Item 21		obave 1) (we) (did) (d 1) 22b. SIGNATURE	Time 3 pt) view the body after death.	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be det with the State MAPORTANT:			gs, M.D., Deer	r's Head Center, Sal	Lsbary, MD 21801	
BP	L	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 06	GREEN ACRES	CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	m. Charge Los	GREEN ACRES ORESS RH 2 JERSEY ROOD	IIN 1 5 1983 John	2 Court

CTATE OF MARYLAND

Many 10		
	Hoberts June 3, 1983	V was .
	July es, lens 7L	Temele black
	colncol	FILL WHEN YOUR
) Jenter, Salibbro, All	
SN SHARE	CATHERDE LAND AND LOCAL PARTY AND	Material City
		A 184
1 E	Harch 29 53 cune B	r and
53/4/0	er'n Head Canter, Salinbary, No. 22801	
	Groen Aceed	
	THE REPORT OF THE PARTY OF THE	

\				2.	TATE OF MARYL	LAND	0.00	1 7	3	0
10	1-	FOR STATE			OF HEALTH AND		IENE Ö	1 /	612 V	9
		REGISTRAR		CEN		DEATH	REG. N			
		CEASED NAME FIRST	MIDDLE	_	LAST		20. DATE OF DEATH	MONTH DAY		HOUR
960		HOWA	RA JAM	es k	ogers		June a.	1983		SCOOM
1	3. SEX		4. RACE	5. DA	TE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	MONTH		NDER 24 HRS
0	1	Male	CAUCASIO	~ A	16 12	1905	77	YRS.		
200	7 BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	RRIED NEVER	MARRIED -	9 BALTIMORE CITY C	R COUNTY OF D	EATH	
E 20		MARYLAND	USA	WID	OWED C	ONORCED -	Wicomio		21/2	MD.
1 801	10. ⊂1	TY OR TOWN OF DEATH	11. NAME OF HOSPITA			STITUTION	120. USUAL OCCUPATI		b. KIND OF BUS	SINESS OR
3/50	Sa	lisbury	Peninsula			ital	RACING COUN			
1 197	130. S	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESI		ION)	1000	13e. STREET ADDRESS		· ·	21841
こうり	m	10. W		E WARD Y	YES 🗆	NO Z	RT 1 Po	× 34 K		40 11
06	14 FA	THER'S NAME			15. MOTHER	S MAIDEN NAM	AE MIDDLE		4	
0 0	1	TAMES TH	IOMAS RO	JC405	An	PRANA	KATNER	ine L	YNCH	1
dicol				CIAL SECURITY N	O. 17. INFORM	ANT	ADDR	T 1 Box	344	
go de	(14	(IF YES, C	SIVE WAR OR DATES)	28 8175	FLOREN	ice Rober	T ROCERS ;	KWARK.	nd z	141
# - ers.		18 CAUSE OF DEATH (Enter	only one couse per line	and the and total			, ,		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
ent,		PART I. DEATH WAS CAU	SED BY:	1 - 01 0-	Tony	hind	1110		3000	Ŕ
r ren		1627 MMEDI	ATE CAUSE (o)			- CATTLE	1.00			
nove cork lotion, or troumotic		Conditions, if ony, which	DUE TO, OR AS A	CONSEQUENCE	440	1 (un	6		1 400	1
		gove rise to immediate	(6)			D	2		9	
, cren		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE	OF .					
pleo iriol,		PART 2. OTHER SIGNIFICAN	(c)	ITING TO DEATH	BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART 1/0:	
hen to bu	Z C	TAKT 2. OTTLER STOTAL TEAT	CONDITIONS CONTRIB	OTHIO TO BEATE	DOT THO THE EATE	.b TO THE TERM	NATE DISEASE ON CO.			
prio A	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPER	ATION WAS PERF	ORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS	USED
we b	읦	the state of the state of					YES TI NOT	IN CERTIFYING		OFATH?
Mentol Hygiene or Item 18 shows	ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c. HOW I	INJURY OCCURE	RED (ENTER NATURE OF INJL		OR PART 2)	
Hem 18		OR CONTRIBUTING CAUSE OF		ONTH DAY Y	EAR 19					
or He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF T	21e. PLACE OF INJU	JRY	211. LOCAT	ION				
70	ME	WHILE NOT WHILE	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ET	STRE	ET	CITY OR TO)WN	YIMUO	STATE
mork		22a.1 certify that (1) this ho	nital) ottended the decer	sed Irom	6115	10 812	10 (1)	10 2	83. that	(Il Ywe) lost
of He		sow the deceased alive	on 6.6	1983	, and that in my	y) (our) opinion	deoth occurred on the d	ote and hour and		
		We) (Gid) Mid	not) view the body ofter de	oth.	DEGREE				22CaDATE SIGN	VED
Dept.		Vanal) (Inmal)	/	CVV	ATTENDING PHYSICIAN	MEDICAL STA	FF	67	58
N Stote	1	THE PHYSICIAN'S NAME (THE	POLICE	0	22e. ADDRE		DIRECTOR PHYSIC	ZIAN [0.0	00
the the		LES THE STREET STREET, STREET			The ADDRE					
should be deto with the State [IMPORTANT: #	_						Tana Locardon			
	230. B	BURIAL, CREMATION, REMOV	AL 136. DATE	Z3c. NAME	OF CEMETERY OF	R CREMATORY	23d. LOCATION		UNIY	STATE
-	24 51	UNERAL DIRECTOR	14/7/8	Suc	KINGH	T 1250 DAT	FREC'D. BY REGISTRAN		S SIGNATURE	Irld.
50M 4/82	24 FC	n_NAME	Bulle .	ADDRESS L	rung	JU	N 8 1983	John	2 6	.1
5, 4)		much N.	mun ap	KERLIN	WW. Z	1811	.000	V	- court	- 12



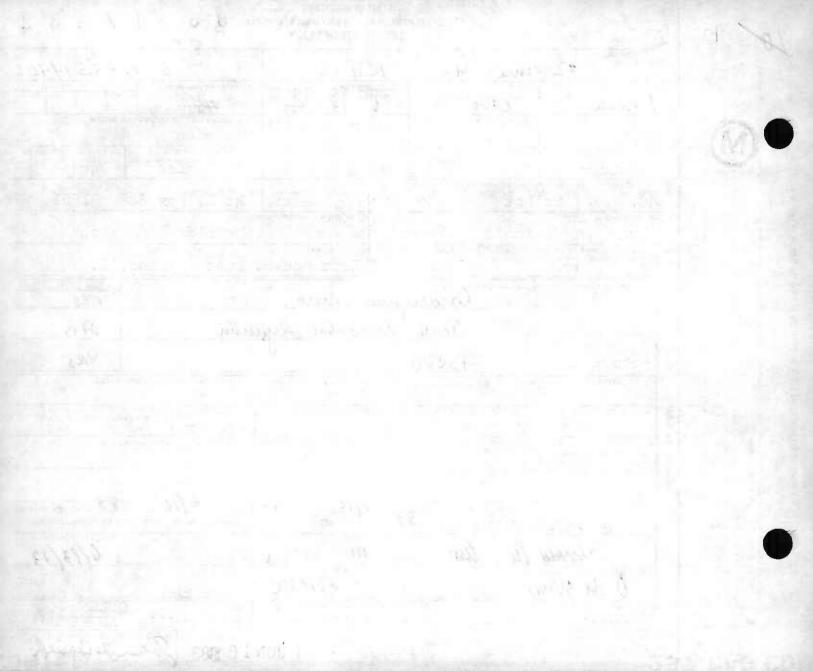
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1003 est liminis 70152110 Mary Williams 121 W. Wilder W. Street W. Wilston, Street niin willer M. Polins avia a isa vi 21 - - 23 Ir. Consid M. Polley Selichty, et. 21 1 Lake the second of the second will all loss, been thought among among and distance the MULTIAN FRIEND BOT SILISBURY, T. 210 1 HINS T. 85 BEST STORY

Newnam Funeral Home

(VRA 15, 4) 1/79

STATE OF MARYLAND



Charlestally Pontpents Cameral Mospital Conference CHERRICAL DESIGNATION OF THE STATE OF THE PARTY. MILESS THE SERVE DIVINES OF BLACK in all the second of the comment of the second of the MIN 1995 TO THE PROPERTY OF THE SECOND STREET, THE Liver to starte started and some

20M 4/82

FG-1F-EF-M-1----The I forth mela mica can. 27,190g 74 alureout! aryland doroseter recomble x soft rayes Avanue . I dillo arrilo dical Same Spring to the state of the THE ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PARTY blinder and a store of to comple, to compare the X Edwird white ACCOUNT ACCOUNT ACCOUNTS ACCOUNTS ACCOUNTS TO . Lit enemone . Total

15	1.	FOR STATE REGISTRAR	DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	17235
noy be poge 3		CEASED NAME FIRST	Watson 5	MITH	20. DATE OF DEATH MONTH	9 1983 0900 M
stor, po	3. SE	temale	White 9-ont		6. AGE (IN YEARS LAST BIRTHDAY) YR:	
		COUNTRY) MJ	WIDOW		BALTIMORE CITY OR COUNTY O	MD.
ours offining the filed	S	alisbury F	NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General THER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)		12a. USUAL OCCUPATION (TYPEOF, WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY UNEX INTENIOND
rLAND 21:	13a. 3	THER'S NAME		134. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA	130. STREET ADDRESS Be	× 61-218/4
RE, MARY ecuted with d complete es 1 and 2 col examir	16a. V	Daniel EID VAS DECEASED EVER IN U.S. ARME		F/ARST 17, INFORMANT	Fles 6a:	She last
ALTIMORE te be execute because on the service of the medical the medical the medical the medical on the medical	((IF YES GIVE W	one couse per line for (a), (b), and (c),)	HIBD Wats	en With Ca	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner must being a contract of them to the medical examiner must be an example of them.	7	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost.	BY: OMI. Desil	als fuctor	une lemy des	la i
AL RECORDS he low required. hos been si t permit. The	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The certificate this certificate to build-transition of Mental Hygiic and Mental Hygii and don them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
DIVISIK UDING PH or often th see as the ealth and smarked of	WE	WHILE NOT WHILE 220.1 certify that (I) (this haspital	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET 8	CITY OR TOWN	COUNTY STATE , 19 3, that (†) (we) last
TAL OR ATTER yy the hospirol RAL DIRECTOR detoched for u fore Dept. of H VI; if them 21 is		saw the deceased alive on obove, (I) (we) (did) (did not) v 72b. SIGNATURE	Olas Lu	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT:	23a. F	22d. PHYSICIAN'S NAME (TYPE OR PR WILBER URIAL, CREMATION, REMOVAL	R. ELLIS JR	Tie. ADDRESS 100	LISBURY LISBURY	STREET 21801
BP	24. FI	Buil	6/13/83 WIC.	Mem FAC	CITY SOUND GO	COUNTY
DHMH - 16 50M 4/82 (VRA 15, 4)	(Camp /	Masses DI	valve, My JU	N 1 3 1983	and land

are with material and a second office and House With The Party Comment Danel E. Witten Fire Fire Fire The second of th

STATE OF MARYLAND

O E NOTE OF BUILDING Block of the Market Small and Md. Sincerest Pringer and R. 3. 184, 309. Per Thinger thomas Aludy Smith acces Eller Stradley Polis Loille Pt. 3-Br. 309. Par Onical the party of the state of the state of te en el de la company de la c

3	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH
moy be		CEASED NAME FIRST PORTE	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
hin Market		RTHPLACE (STATEON FOREIGN COUNTY)	76. CITIZEN OF WHAT COUNTRY? MARRIED MENER MARRIED WICOMICO WICOMICO MONTHS DAYS HOURS MAR WIDOWED DIVORCED WICOMICO
by the filed with	S	alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital 120. USUAL OCCUPATION (INVOFWORK FOR MOST OF WORKING LIFE) 120. USUAL OCCUPATION (INVOFWORK FOR MOST OF WORKING LIFE) (INVOFWORK FOR MOST OF WORKING LIFE)
24 hour filled in ould be	130.	DARYANE 136.20	ROMINO DATISBURY YES NO DE KA # 1 BCX 81
ond 2 complete		PINE BEN	Modely Jewkins Norther's Majoen NAME (MIDDLE MASSINGLE)
be exected on ond s. Pages			NEWAR OR DATES 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS APPROXIMATE INTERVAL ADDRESS APPROXIMATE INTERVAL APPROXIMATE INTER
quires that the death certificate signed by the attending physici hen please remove carbon paper to buriol, cremotion, or removal. ijury, or other troumatic event, the	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF (b) IDIO PATHIC FULLIDANT PANCRUATIONS DUE TO, OR AS A CONSEQUENCE OF (c) GALL BLADDER DISCRETATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
icion. The low relicion. the hos been asit permit. The giene prior shows ony in	CERTIFICATION	190. DATE OF OPERATION 5/11/83	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DING PHYSKCIAN: The or ottending physicion or ottending physicion or after this certificate I e as the buriol-transit oth and Mental Hygic marked or them 18 sho	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CIP ETTHER, NOTIFY MEDICAL EXAMINI 216. INJURY OCCURRED WHILE OT WORK AT WORK	HOUR A.M. MONTH DAY YEAR
ITAL OR ATTENI by the hospital by the hospital RAL DIRECTOR. e detoched for us state Dept. of He NT: if them 21 is		22a.l certify that (I) (this hasp sow the deceased glive above, (I) (we) didyidad 22b. SIGNATURE	or PRINT 122e. ADDRESS 19 32 10 274 19 33 10 10 10 10 10 10 10
TO HOSPITAL TO FUNERAL should be de with the Stot		BURIAL CREMATION, REMOVA	SCHACTER 1 234 DATE / 234, NAME OF CEMETERY OF CREMATORY 23d. LOCATION STYRTOWN POINTY MOTHER 6/16/1983 WAShink, Anch, Com Shacl Point Mother
DHMH - 16 50M 4/82	34-6	HOLERAL DIRECTOR AND A	Bailings Supress Silver Md 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

A STANDAY AND A STANDAY OF THE STAND saint a saint of the saint of the saint of the saint

7/	1.	STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. NO.	1200
oy be oge 3 death		CEASED NAME FIRST ORPRINT)	MIDDLE	State	20. DATE OF DEATH MONTH	9 1983 1333 M
4 moy l	3. SE		1. RACE Nears	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
前野		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD
	10. C	TY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION [REET ADDRESS] General Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b, KIND OF BUSINESS OR
filled in bound be fi		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE B NTY 136 GITY OF CLES RY 5486		13 STREET ADDRESS	-21864
mpletely ond 2 sh)4. F/	THER'S NAME FIRST	MIDDLE ST. LAST	15. MOTHER'S MAIDENN FIRST	AL MIDDLE	Taylor
n ond co		VAS DECEASED EVER IN U.S. AR (IF YES, GP	MED FORCES? 166 SOCIALS VE WAR OR DATES) 216-14	9914 Brenda WK	reatley Salis	ammond St.
physicion and another second property. Poges amovol.		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) BY: TE CAUSE (o) CART	O-RESPIRATORY	FAILURE	BETWEEN ONSET AND DEATH
or the death cert by the ottending is remove corbon cremotion, or rer		Conditions, if ony, which	DUE TO, OR AS A CONS	OUENCE OF _ SOURCE	E UNKNOWN	
hat the de by the ott ose removed. Cremotion other trou		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	OUENCE OF		
equires to signed Then ple r to burio injury, or	NO	PART 2 OTHER SIGNIFICANT		TO DEATH BUT NOT RELATED TO THE TER	001 110	EN IN PART TIO
The low reicion. The low reicion. The permit rigient prior regient prior reforms a shows only it.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	ICH OPERATION WAS PERFORMED	IN CERTIF	NO ON ONE
DIVISION OF VITAL RECOKUS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or frem 18 shows any injury		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		IRRED (ENTER NATURE OF INJURY IN ITEM 18. P	ART I OR PART 2)
IVISION G PHYS offending ter this c s the bur ond Me rked or ft	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Affor use o of Health		220.1 certify that (1) (this hosp sow the deceased and above the	of tended the deceased fr		3 , to 6/29 , n death occurred on the date and hou	19, that (I) (we) lost r and from the couses stated
the hospital OR A DIRECted efoched the Dept.	R	22b. SIGNATURE	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	222 DATE SIGNED Co(29/83
TO HOSPITAL TO FUNERAL should be dete with the Stote		224 PHYSICIAN'S NAME (TYPE (S CLOTACTES	22e. ADDRESS		
ρ	23a.	MIAL, CREMATION, REMOVAL		23 HAME OF GEMETERY OR CREMATORY	Storiot La	No Mid
DHMH - 16 50M 4/82	5	JINERAL DIRECTOR	Q Ash	95 1 Phys. / 1/2 150.00	ATE RECID BY REGISTRAN 254 GIST	2 Calund

AND DESCRIPTION OF THE PARTY AND DESCRIPTION polimalia saint 1204 For Lorenza Istanta Constant Stantage Court List The control of the little of the control of the con A DECEMBER OF THE RESERVE OF THE PARTY OF TH

the second of the contract of The second of th Ellipsidate of St. M. St. April 1977 1977 1978 1979 Manager Committee of the Committee of th

Salisbury Peninsula General Hospital Eyror work for most of working uses industry USUAL RESIDENCE (# RURNING HOWCO DIMEN INJURINO, DIVERSIDENCE HOWCO DIMEN INJURING HOSPITAL HOSP	DECEASED NAME Past Microb Remain Microb	X	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		7 2 4 0
The Design of Country of Death The Citizen of What Country of Death The Country of De	The BRITHPLACE is suit of original. The CITIZEN OF WHAT COUNTRY? IN CITY OR TOWN OF DEATH IN NAME OF HOSPITAL NUSSING HOME OF DIVORCED DIVORCED WILLIAM OF STREET ADDRESS OF THE NOT HOUSENESS OF THE NOT HOUSE	offer death	(TYP	OR PRINGIPAN VIII	4	TILGHMAN	20. DATE OF DEATH MONTH JUNE 14 6 AGE (IN YEARS LAST BIRTHDAY)	1983 2200 IF UNDER 1 YEAR IF UNDER 24 HRS
DESCRIPTION OF THE PRINTING COURSE OF FINING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION TO PART 21 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	USUAL RESIDENCE (of RUSSNO ROUSE OF CONTRIBUTING ON RESIDENCE SEPORE AMMISSION) 136. INTERPRETATION 137. INFORMANT 138. INFORMANT 14. FATHER'S NAME 15. MOTHER'S MADEN NAME 15. MOTHER'S MADEN NAME 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per ling for 10), (b), and icit 18. CAUSE OF DEATH (Enter only one couse per ling for 10), (b), and icit 19. PART I. DEATH WAS CAUSED BY, 19. DUE TO, OR AS A CONSEQUENCE OF CONDITION, if ony, which gove dies to immediate couse 10), is timediate underlying couse? Tost (c) 19. DATE OF OPERATION 19. CONSTRIBUTING COUNTY WAS PREFIXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19. DATE OF OPERATION 19. DATE OF OPERATION 19. CONSTRIBUTING COUNTY STREET ADDRESS 10. WORK 19. INCREMENTAL COUNTY OF INJURY 11. INFORMANT 19. INFORMA	on policy		COUNTRY) MD	11. NAME OF HOSPITAL, NURSI	MARRIED LI NEVER MARRIED LI WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY WICOMICO	MC
168 WAS DECEASED EVER IN U.S. ARMED FORCES? 169 UNKNOWN) 17 (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH JENIEr only one couse per line for Iol, (b), and Ic. I PART I. DEATH WAS CAUSED BY. 18 CAUSE OF DEATH JENIEr only one couse per line for Iol, (b), and Ic. I PART I. DEATH WAS CAUSED BY. 19 DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse Iol, stating the underlying couse Tost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Io PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED 199 DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH? HOUR A.M. MONTH DAY YEAR AT WORK A.M. MONTH COUNTY STATE 210. LECTIFY THAT (I) (this hospital), objected the, deceased from STREET 211. LOCATION STREET CITY OR TOWN 198. That (I) (we) lost 198. 2, to 198. 2, to 198. 3, to 198. 4 that (I) (we) lost	166 WAS DECEASED EVER IN U.S. ARRED FORCES? 167 WAS DECEASED EVER IN U.S. ARRED FORCES? 168 WAS DECEASED EVER IN U.S. ARRED FORCES? 169 WAS DECEASED EVER IN U.S. ARRED FORCES? 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WAS DECEASED EVER IN U.S. ARRED FOR WAS DECEASED. 160 WA	inck of sales went	13a S	AL RESIDENCE (IF MURSING HOME OF STATE 135 COU	Peninsula Ger	Deral Hospital E ADMISSION) VIN 13d. INSIDE CITY LIMITS? YES \(\text{VE} \) NO \(\text{N} \)	RE3. Bd. 369.	Princesa Quie
PART I. DEATH WAS CAUSED BY: DOTE TO OR AS A CONSEQUENCE OF COnditions, if ony, which gove rise to immediate cause (a), stating the underlying cause into immediate cause (b). DUE TO, OR AS A CONSEQUENCE OF CONDITION STATE OF INJURY COUNTY OR ON AS A CONSEQUENCE OF COUNTY OR ON AS A CONSEQUEN	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEA	0				AN Thirkir I JUNITY NO. 17 INFORMANT JOHN, TILG	Id A. WI	LLI AMS BOLJLA PARA
OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this haspital) atgraded the deceased from 2 - 1983, to 4 - 1985, that (1) (we) last	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE ALWORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 2 - 6 - 19 8 3, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.	to buriol njury, or	NO	Conditions, if ony, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONDITIONS CONTRIBUTING TO	ENCE OF SINAL ENCE OF SIS of Si		Gonta.
270.1 certify that (1) this haspital atgended the deceased from 2 - 6 - 1982, to 4 - 1983, that (1) (we) last	WHILE AT WORK A WORK (AT NOME. STREET, FACTORY, OFFICE, FARM. ETC.) STREET CITY OR TOWN COUNTY STATE 220. L certify that (I) (this haspital) attended the deceased from 2 1982, to 4 - 1983, that (II (we) to sow the deceased alive an above, (I) (we) (did) (did not) view the body after death.	18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 21c. HOW INJURY OCCUI	YES NO IN CERT	YES NO
	above. (I) (we) (did) (did not) view the body ofter death.	6/	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, pital) ottended the deceased from	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	

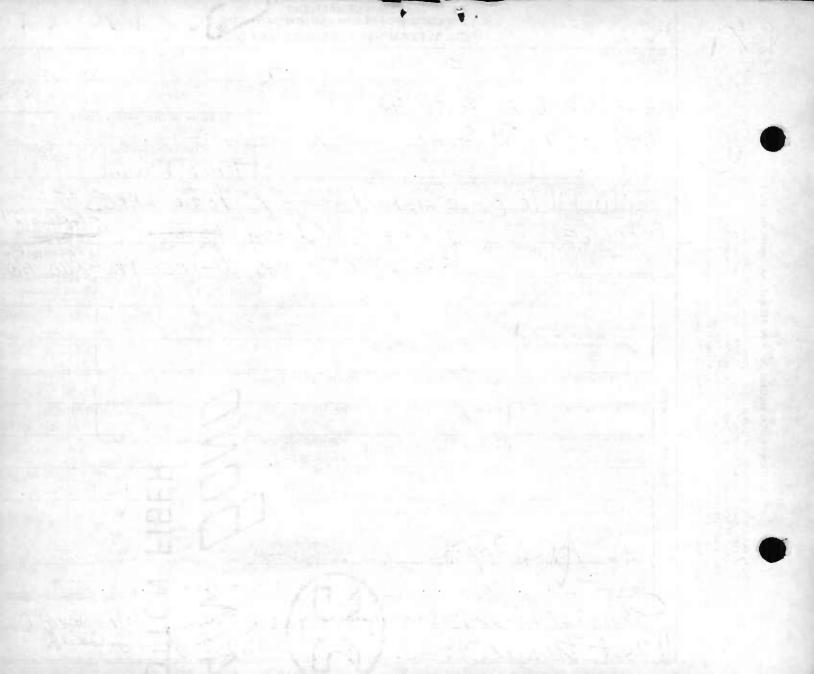
CONTRACTOR OF THE PROPERTY OF 182826 43 1840 43 MD USA STATE TOTAL STATE OF THE AND SCHERES PUBLIC S BE3 BU 329 Pures To JOHN LITTY FRANK TRICKLELL A WILLIAMS FRATESBARKERRESTSP PROC Beside 6-19-83 It from the the fitted that Chatel from a 4 Thomas Part of a street

was the ed to the second the seco and the state of t THE THEORY OF THE PARTY OF THE The Committee Some Confilmer since BURING STEEL HILLIAMS AND ASSESSED AND STEEL A

20M 4/82

400 E8-8	T. Comments	Will. II.		570	
	-1-4			F =134	r language
	Claurica	~		a e	'n van
and Washolf	1071+		.f5 toma?		Sall Salver
	TOWN STREET TOWN	~	SALTSSINV	MICONIES	ONLY IN A
, , , , ;	V. Danes Jane			MITAID IN	W4113d
	The valler . 3	HIII I	31-18-96		0,1
		Samuel I	dereinam o		
		97			
				7.0	
E8-6-9			- 124/1	1 1 1 5	
. gettinil	leoexA notmeb 9	Q.I	.a.k Juny	Harl L. He	
	. ice	בר כד ווון ב	icorren	11.	301318
\$ 100 50	See		.oH .wnod	elsooff	Novo Coll

Expensive Heart Kenture Astrono 58/0//8 11 9 :8 - Or 50



tonicate feathque farant constal Religion AT THE SERVICE OF THE PARTY OF THE STATE OF WILSON SCTAR THE BUILDING The state of the s ZOWO V TO THE REPORT OF THE PARTY OF THE PAR DIVERSION OF STREET Shine of Educational A for my the Court Ships from Service of the property of the service of the servi

mally yell should be to be a superior Marie Control of the Party of the Control of the Co The transfer to the state of the state of delated of the second will be a second The property of the second of the second

DIMO E in Sun J. . Dit . WOOGLEAR . . . ov A nebest 90' " (" heel) " Late Language Languag

NOONEY A (WILDING TO A NOW A THE SHUTS HAT